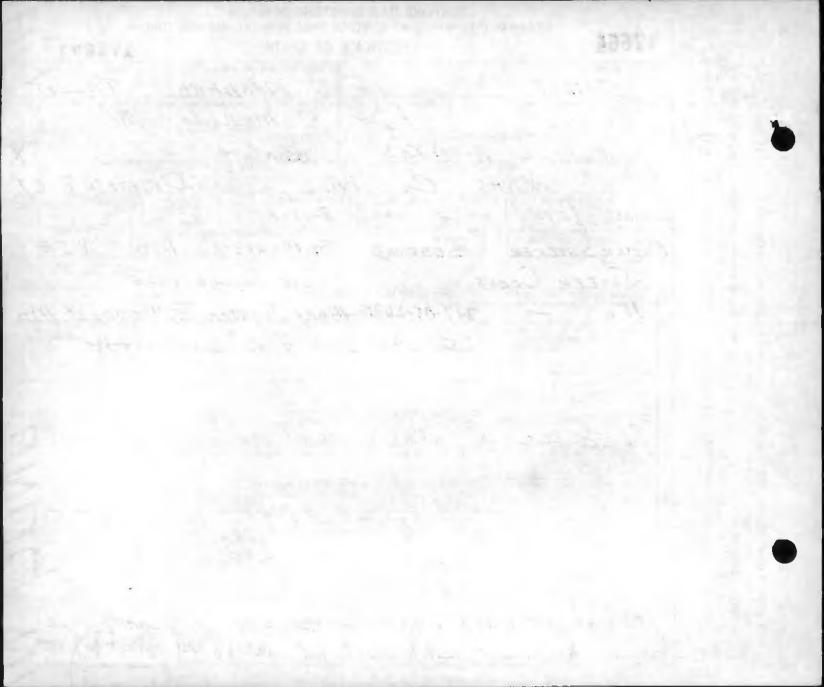
death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0000		CERTIFIC	AIE OF DEATH		17663
1.	PLACE OF DEATH					tion: Residence before admission)
	o. COUNTY TA	1bot	MARYLAN	D O STATE MA	RYLAND b. COU	TALBOT
	b. CITY OR TOWN (If of write RURAL and of	outside corporate limits,	c. LENGTH OF STAY IN T	c. CITY OR TOWN (If as	utside corparate limits, write Rt	JRAL and give neorest tawn)
L	EAST	ON	101	S1. 11	ichaus	1110 20-1
	d. NAME OF HOSPITAL	OR INSTITUTION (If not in	hospital, give street oddress)	d. STREET ADDRESS	6.0	e. IŠ RESIDENĆE ON A FARM?
3.	NAME OF	KIAL	Middle	LOGISONY O	I 4. DATE Mon	YES NO
3.	DECEASED (Type or print)	AGNIF	Middle	BAI!	OF	TEMBER 7, 1967
5.		6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
1	emale	ertored v	VIDOWED DIVORCED	3 8-15-81	last birthday) 86 yrs.	Months Days Hours Min.
	o. USUAL OCCUPATION (C		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
4	oring most of working life	HUCKER	SERFOOD	ST. MAR	y's Con M:	D. USA
13	ATHER'S NAME			14. MOTHER'S MAIDEN		
	JOSE			JULIE -	O MM ERVILL	
0	S. WAS DEGEASED EVER I	IN U.S. ARMED FORCES? I yes give war ar dates af ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	Addi	7
-	Typ court of pro	70 (7-1	217-05-2675	MARK JOH	INSON STILL	ICHDELS DO
		WAS CAUSED BY:	er line for (a), (b), and (c).)	Rest 1/2	thense	ONSET AND DEATH
	332 X	IMMEDIATE CAUSE (o) _ DUE TO	GO COVO	V - 0 C D D V	1. CALLERON	
	Canditions, if ony, w					
L	rise to immediate a stating the underly					
	kast.	(c)		···		
NO	PART II. OTHER SIGN	IFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
FICAT	20a ACCUENT WAS U	e sec	20b. DESCRIBE HOW INJURY OCCU	Section of injury in	Part las Part II of imm 183	YES NO
MEDICAL CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	SON DESCRIBE HOM IMPORT OCCUS	KKED. (EINER HOIDIE OF HIJOTY III	roll for roll if of heart to.)	
S	(IF EITHER, NOTIFY ME 20c. TIME OF INJUR		20d. INJURY OCCURRED 20	e. PLACE OF INJURY (Hame, form	m, 20f. (City or town)	(County) (State)
MED	Hour' a.m.	19	While of work O	factory, street, affice bldg., etc.)	/ _
		that (I) (this hospita	l) attended the deceased fro	m 1959,	19, to/2-2	, 196 /that (I) (we) lo
		eased alive an	-2 19(e /, and	that death occurred gt	HO M, fram causes	and an the dote stated above
	220. SIGNATURE	manh	10000 1	ATTENDING ATTENDING	MED. STAFF	22b. DATE SIGNED
	22C. PHYSICIAN'S	19/11/10	ety-	M.D. PHYS.	DIRECTOR L. PHYS. L	17
	NAME (Type)	Tuy,	mreeger	to sto	nunee	& nel
23	O. DURIAL CREMATION	236. DATE THEREO	F 23c. NAME OF CEMETER	YOR CREMATORY	23d. LOCATION (City or To	own) (County) (State)
	REMOVED (Specify)	UDEC11,1	967 THOMASI	JEMORIAL G	M. ST. Mec	halls Md.
1	FUNERAL DIRECTOR	50	AGDRESS	el la 250. REC		REGISTRAR'S SIGNATURE
	arread 1	O.O. JANEL	A NEW WILLES	A VUA DATE	, TU //	// //

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Posshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within-72 hours VR A15 (4) 25M 1/67



17665

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17670

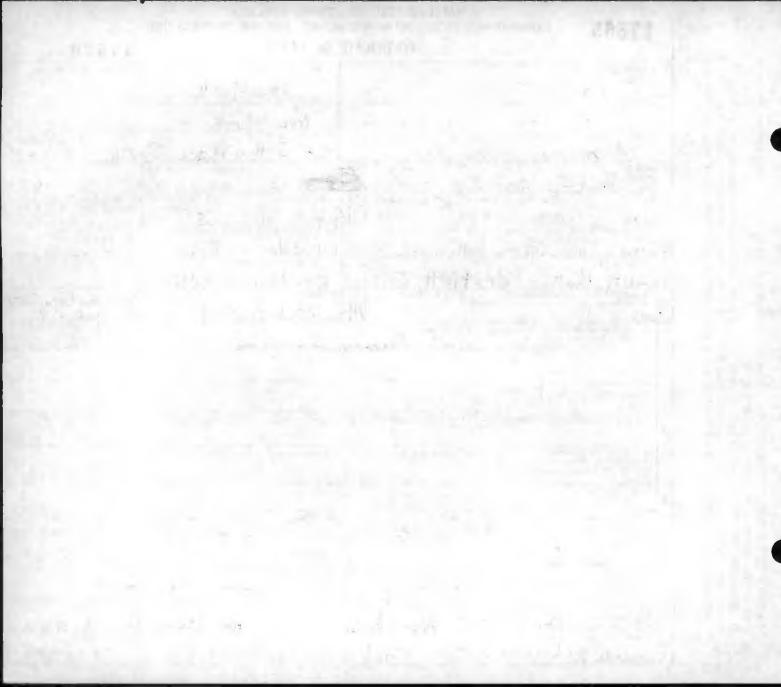
1	1. P	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ad	lmission)
	0	COUNTY Talbat MARYLAND	o. STATE b. COUNTY	V
/	-	D. CITY OR TOWN (If autside corporate limits, C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest too	wn)
		write RURAL and give negrest town)	1 12 1	9 2
		Easten 15 min.	New York	7, 2
1	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	01	RESIDENCE N A FARM?
0		Memorial Hospital	25 Sotton Place South ME	NO NO
8		NAME OF First Middle	Last 4 DATE Month Doy	Year
	-	DECEASED TRANKParker Bartlett	SUT. OF DEATH 12 16	1967
	S. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		UNDER 24 HRS.
	n	TALE WINTE WIDOWED DIVORCED	Aug. 6, 1910 (ost birthday) Months Days Ho	ours Min.
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WH	AT
	MO /	ng most of Working Itile, even if retired) CRKeting IN:ANDREC SNEYMICAL	Widgesex, WASS Connex.	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	E	RANK PARKER BARTlett ST.	Bertha LENNOX	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SEFLIRITY NO. 17	INFORMANT Address Address	5 11
		s, no, or unknown) (If yes give wor or dates of service)	INFORMANT Address 2550 How Pla	ICE, DEUTA
	-	NVIS	2 - THING K. MAKITETT INGO (LEVELY	0,9
		TB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c); PART 1. DEATH WAS CAUSED BY:		AL BETWEEN AND DEATH
		1420 / IMMEDIATE CAUSE (0) Clearle Chistiles	y Mising the	5,
		DUE TO		
		Conditions, if ony, which gove (b)		
		stoting the underlying couse DUE TO		
		last. (c)		
	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WA	S AUTOPSY FORMED?
2	CERTIFICATION		YES	NO 🔀
	E E		(Enter noture of injury in Part I or Port II of item 18.)	
	GR.	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL		ICE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
	E E		tory, street, office bldg., etc.)	
		21. I certify that (1) (this haspital) attended the deceased fram_	16 Dec 1967, to 16 Dec 1967, that	(I) Iwal last
			it death accurred at \$20 M, from causes and on the date st	
	-	220. SIGNATURE	22b. DATE SIGNED	uicu uuuro.
		Aller Den Harrison M.	ATTENDING MED. STAFF	267
		22c. PHYSICIAN'S /	22d. ADDRESS	
		NAME (Type) 1 HORSTON HARRISON	Earth Many land	
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
	P	Bremoval (Specify) Dec 19,1967 Need ham	Alpedham Noneth 1	MAT
		FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	T1405
	M	ania E. Neuroun Son EASTON	Mr. DATE DEC 20 1967 Scharles J.	udel
	7 1	MADION	TITU DAIL	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages. Pages Land should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 2 hayrs afforded.

VR A15 (4) 25M 1/67

Lond 2



DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

100) ()	(CATE OF		money montestion 212	1767	
1. DECEASED-NAME	First	Middle		Lost		20. DATE OF DEATH		2b. HOUR
(Type or print)	ROBERT			BELL		December	20. 1967	3 p. H
3. SEX	4. RAC	E		5. DATE OF E	IRTH	6 AGE (In year	S IF UNDER 1 YEAR	
Mal	le	White		Febru	ary 12,	1890 lost birthdoy)	YRS. MONTHS DAY:	MOURS MIN.
70. BIRTHPLACE (Sto	ote or foreign 7b. CITIZ	EN OF WHAT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUNTY OF DEATH	~	/
Philadel	hia, Pa.	USA	WIDOWED	K DIVO	RCED 🔲	Talbot Co	unty	Md
10. CITY OR TOWN Boz ma	OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If a	not in hospital		NL OCCUPATION (Kind of work of ost of working life, even if retire Ch. Clk		Pa.
odmission) STATE		if institution: Residence before OUNTY	13c. CITY OF		13d. INSIDE CITY LI	The state of the s		144
14. FATHER'S NAME	First	Middle Lost	1	S. MOTHER'S N	AIDEN NAME F	irst Midd	le	Lost
	Unk.					Unk.		
	EVER IN U.S. ARMED FORCE	S? 16b. SOCIAL SECURITY	NO. 17.	INFORMANT		1818 Map 14	SSAve	
Yes, no, or prikni	JAMII) (ii les Aus mai ce aques ni	service 220-44-4651	Pa	u1 E.	Duintre			140
nse to imme stating the u lost.	ony, which gove diote couse (a), DUE	TO, OR AS A CONSEQUENCE OF (b) TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT N	<u>uë,</u>	O THE TERMINA	A BANG	CONDITION GIVEN IN PART 1(a)	de 5)	
	29111 (2411 2411		or neurilla	o ilic icanani	10 0120 OTC	constitution of the tracting		
1%. DATE OF C	PERATION 19b. CONDITION	FOR WHICH OPERATION WAS PE	RFORMED	20a. AUT		20b. IF YES, WERE FINDI CAUSES OF DEATH?	NGS CONSIDERED IN	CERTIFYING
₫ ☐ OR CONTRIBUT		TIME OF INJURY UR A.M. Month Doy Yeor P.M. !		OW INJURY OF	CURRED (Enter	r noture of injury in Port 1 or Po	ort 2, Item IB.)	
While No	t while	INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	1	10	et or R.F.D. No.	1	County	State
sawf	he deceased alive an.	tal) attended the decease (did) (did not) view the	19 62 / Jan	d that in In	, 19 <u>.</u> 2 i y) (a ur) api	nian death accurred on th	, 19 <u>6</u> , the ne date and hau	at (I) (we) las r and from the
22b. SIGNATUI	Marelle	PROPER F	1 D DEGI	7111.04		NED. STAFF IRECTOR PHYS.	22c. DATE SIGNED / 2 - Z - Z -	-67
22d. PHYSICHA NAME (T)		R. LANE TROTE	I. M.	22e. AD		chaels, Maryla	nd	,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers, Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 74 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 30M REV: 1/68

230.

230. BURIAL, CREMATION, REMOVAL (Specify) Cremation Dec 26 1967 FUNERAL DIRECTOR

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Lincoln Crematory

State Dec 27 ADDRESS

23d. LOCATION (City or Town)

1967

(County)

(Stote)

Washington, D. C. 25b. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

em / 1	A Parameter	2220	2	2/00 1
CERTIF	CATE	OF	DEA	TH

17672

1. PLACE OF DEATH 0. COUNTY 7	·	2. USUAL RESIDENCE (Where deceased lived, if institution:	
lalbot	MARYLAND	o. STATE Maryland b. COUNTY	Talbot
b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write RURAL a	nd give nearest town)
write RURAL and live nearest town)	8 years	Oxford	20-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS Pleasant Street	e. IS RESIDENCE ON A FARM?
Pleasant Street		Pleasant Street	YES NO
NAME OF DECEASED (Type or print) George All	bert Blades	Lost 4. DATE Month OF DEATH	12/29 Doy Year 7
5. SEX 6. COLOR OR RACE 7.			UNDER I YEAR IF UNDER 24 HRS. Inths Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind of work dane luring most of working life, even if retired) Section Foneman Pa.	10b. KIND OF BUSINESS OR ROUTED AND LINGUISTRY	11. BIRTHPLACE (County & State, or foreign country) Sussex Delaware	12. CITIZEN OF WHAT
13. FATHER'S NAME William & Blades		14. MOTHER'S MAIDEN NAME Sarah Carrow	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af se		informant Paul Boyce, Oxford, Md.	,
1B. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g).	Certine for (a), (b), and (c).)	ramposis	INTERVAL BETWEEN
Conditions, if any, which gove) (b)	Ceneland 8x	tenlo sclavesis	I yeu .
rise to immediate cause (a), stating the underlying couse last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONT	19. WAS AUTOPSY 1		
A Cel marine	I Rautie An	lulion,	YES NO N
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19		ACE OF INJURY (Hame, form, 20f. (City ar tawn) tary, street, affice bldg., etc.)	(County) (State)
21. I certify that (I) (this haspite saw the deceased alive oni	al) attended the deceased fram s	Tune, 19/67, to 18/89 It death occurred at 1845 RM, from causes and	, 19 <u>60</u> , that (1) (e) last on the dote stated above
220 SIGNATURE ent M. M.	anald mi	D. ATTENDING MED. STAFF DIRECTOR PHYS.	126. DATE SIGNIO 19199107
22c. PHYSICIAN'S Robert	M. McDonald MD	Easton, Maryland	21601
23a. BURIAL, CREMATION, REMOVAL (Specific) 12/30/1		Oxford, Md.	(County) (State)
24. FUNERAL DIRECTOR	ADDRESS		RAR'S SIGNATURE
MAURICE E. NEWNAM &	JUN. Caston. Id.	DATE JAN 5 1968 40	harles June 12

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/62

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely kiled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban pages. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours are death.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17673

1,66	8	C	ERTIFICATE OF DEATH	
DECEASED-NAME (Type or print)	85 Tillo	Middle Mabel	Chamleer	20. DATE OF DE

	Ype or print)	-00-	Middle Mabel	a	Lost	/	DATE OF DEATH Month	Day Year	2b. HOUR
3. SE	(5L)	4. RACE		15	DATE OF BIR	Ders.	6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
	Female	White		1	11-20		last bighday)	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (State or foreign altry)	7b. CITIZEN OF WHA		MARRIED [NEVER MARR	ED	UNTY OF DEATH		
		U.S.A		VIDOWED T			albot, Eas		
	TASTON Md.	give str HOU	NE OF HOSPITAL OR INSTITU eet address) IS.E. In The	Pin			UPATION (Kind of work dan working life, even if retired WOTK-HOME		
13o. odmi	USUAL RESIDENCE (Where deceosision) STATE Md.	I can annual		Prest		YES NO NO	13e. STREET AND NUMBER R.F.D.		
14. F	ATHER'S NAME First	Middle	Last	15.	MOTHER'S MAI	DEN NAME First	Middle		Last
	Bascom		Chambers			Ida	2	To	dd
	WAS DECEASED EVER IN U.S. ARM es, no grunknown) (If yes give w	IED FORCES?	66. SOCIAL SECURITY NO.		ORMANT	li Con-	Address	24.1	
_			Unknown	MI	S. W11.	liam_Sand	ders. Preston	APPROXIMA	ATE INTERVAL
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:								SET AND DEATH
П	4300 IMMEDIA	TE CAUSE (a)	plumin	مي				3 de	do
	DUE TO, OR AS A CONSEQUENCE OF								-1
	Conditions, it only, which gave rise to immediate cause (a), Stating the underlying cause last. (b) Bactural and very distribution of the terminal disease or condition given in part 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							6 m	mile
CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PERFO	RMED	20o. AUTOP	SY?	20b. IF YES. WERE FINDING	CONSIDERED IN CER	TIFYING
IFICA					YES [NO 🗆	CAUSES OF DEATH?		
CERT	21o. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF I	NJURY	121c. HOV			re of injury in Port 1 or Port	2. Item 18.1	
MEDICAL	or contributing cause of Death		Manth Day Year					.,	
MED		PLACE OF INTURY //	AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.	21f. LOC	ATION Street	or R.F.D. No.	City or Town	County	Stole
	at work at work			1					
	22a. I certify that (I) (thi	s hospi tal) atter	ded the deceased	fram_fr	and the same	, 1965_	, to 29 Dec,	19 <u>67</u> , that I	(I) (we) las
	causes stated abave	(I) (we) (did) (c	fid not) view the bac	i∠_, ema Iv after de	that in (my eath.) (aur) apinian	death accurred an the	date and havr a	nd fram th
	22b. SIGNATURE	7,7,7,000,7,0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		22	C. DATE SIGNED	
	Allphon	8 Cas	nel	DEGREE	PHYS.	MED. DIRECTO	OR PHYS.	12-29	-67
	22d. PHYSICIAN'S NAME (Type) Ste	phen P.	Carney		22e. ADDR	ESS			
23a.	BURIAL, CREMATION, 23b. (23c. NAME OF CEM	ETERY OR C	REMATORY	23d	. LOCATION (City or Town)	(County)	(State)
		2-31-67	Junior	Order			******	aroline	Md.
24.	PUNERAL DIRECTOR	1 -	ADDRESS	7	NO	250. REC'D BY REG	ISTRAR 19 25b. REGISTRA	R'S SIGNATURE	100
3	J. Manyslow T.	You to	dealson	4,1	119.	DATE	~ 1000	The San	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon pages. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, withmed after death VR ATE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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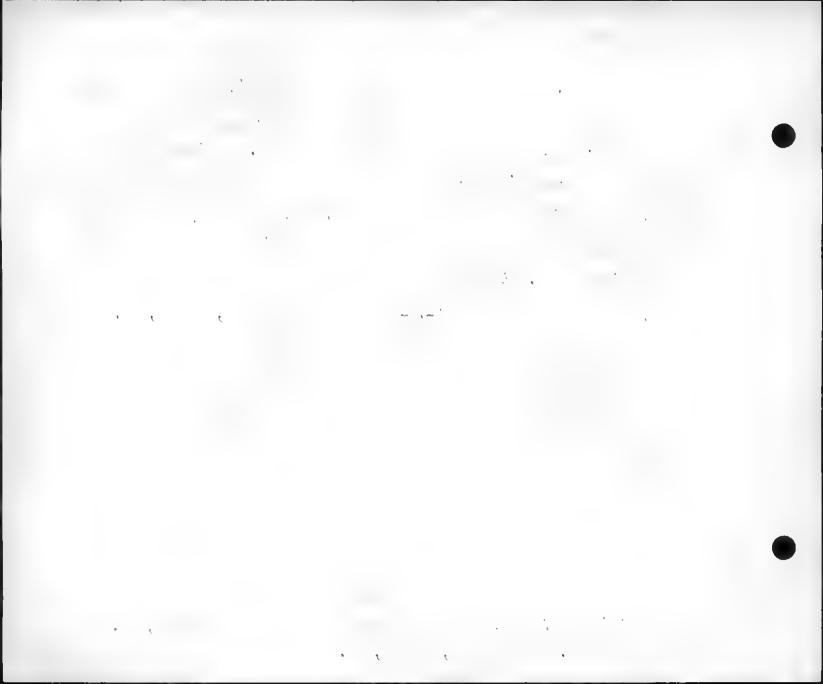
NO X

NO

(Stote)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY b COUNTY M3 Page Talbox Maruland Talbot MARYLAND ny deloy b CITY OR TOWN (If outside corporate I mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) write RURAL and give nearest town) years Faston rappe d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form 222 S. Washington Street Main Street pencil in Item 18. Give Pages 4 should be forwarded to the Chief Medical Examiner's Office along with 3 NAME OF Middle First 4 DATE DECEASED Emma Tola (Lough poges lond 2 with the (Type or print) DEATH 5 SEX 6 COLOR OR RACE IF UNDER I YEAR 7 MARRIED B. DATE OF BIRTH AGE (n years **NEVER MARRIED** (Storthdoy) Months Female in ony event within 72 hours ofter deoth. WIDOWED DIVORCED 100 USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT INDUSTRY 13 FATHER'S NAME Frances Hunter hristopher (. Nichols permit, File 16 SOCIAL SECURITY NO 17 INFORMANT "pending" (Yes, no, or unknown) (If yes a ve wor or dotes of service Miss Mary Clough, Easton, Md. no 1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (a certificate should writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 00 be used removol, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS ALTOPSY PERFORMED? CERTIFICATION the certificate, 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18.) should PRIMARY [] or CONTRIBUTING [cremotion, or CAUSE OF DEATH MED CAL 20c TIME OF INJURY Month, Day, Year 20d N.LRY OCCURRED 20e PLACE OF INJURY (Home form, 20f [City or town) (County) Hour o.m. factory, street, office bldg., etc.) 5 may be retained for your O FUNERAL DIRECTOR: Page ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian the funeral director. death resulted fram Natural causes Accident Su cide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAM NER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 230 BUR AL, CREMATION, 23d LOCATION (City or Town) Greenmount Cemetery Usboro, 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATUR MAURICE E. NEWNAM & SON, Easton, Md.

VR A15ME (5) 6M 1/67



CENTIFICATE OF DEATH

N/	mm]	1				CEKTIFI	CAIL	OF DEATH		*	1 BB /	
ond cond	111	į I	LACE OF DEATH					2 USUAL RESIDENCE (Who			nce befare odn	rission)
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ond completely free remove carbon in any event, with			JSUAL OCCUPATION (Give ke		- 1	D OF BUSINESS OR		11. BIRTHPLACE (County & S			ITIZEN OF WHA	I I
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signed burial burial			rise ta immediate cause	(a), (DUE	b) <u> </u>	1		-17-0-V 4	2 . 2)	<u> </u>	-	0 0 000
			stating the underlying colors.	luse	(c)	/	•					
icate has been for use os the Health prior to						DEATH BUT NOT RELA	LIFD TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 10	1)	19 WAS	AUTOPSY
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certificate ha hed for use at, of Health		IFICA	20a ACCIDENT WAS JNDERI	YING 🗆	20b DES	CRIBE HOW INJURY OC	CURRED (Enter nature of injury in Par	rt Lor Part II of item 18	3)	11.0	له ۱۰۰ د
		E	OR CONTRIBUTING CAUS					, ,				
		MED.CAL	20c. TIME OF INJRY Mg		20d 1N	JURY OCCURRED	20e PLAC	E OF INJURY (Hame, form	20f (City or faw	m) (Co	(אַנייטנ	(State)
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fter be Stot			21. I certify that	(I) (this has	- /-		ram	11/2/ 19	0 Fin 121	3/ 19	U that I) (we) last
Cld the			saw the decease		145	196 0	nd that	death accurred at 1	31 PM, fram lau	ses and an I		
Should should the			220 SIGNATURE	1/	-			17771171110	57455	22b 0	ATE SIGNED	ON
<u> </u>				The	cu1	1	M D		RECTOR PHYS	1 C.	216	X
L D			22c PHYSICIAN'S	C 1/1	1/	-		22d ADDRESS S	_ /:			7
ERA Pr. p			NAME (Type)	3.61	eck	7/		6	2210		<u> </u>	
O FUNERAL DIR director, page	0	23a	BURIAL, CREMATION,	236 DATE THE		23c NAME OF CEME			23d LOCATION (City	or Town)	(Caunty)	(Stote)
2 - 5	1		KRGA-A Sality)	Jan.2,1	.968	Hill Cre	st C		Federals			d
E A15 (4)	M	24	FUNERAL DIRECTOR	7	8	ADDRESS	1 1	1		b. REGISTRAR'S		
M 1/67	U'		-sumple	m du	nerd	Home Led	erali	LUCIAL MATERIAL	1 0 1968	Milian	An Your	gal.

to Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or ottending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1675 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY. 5 COUNTY Maryland MARYLAND 24 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Federalsburg 0541 N d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? ₽ DO DOT Smithville Road NO I The law requires that the death certificate be executed within NAME OF First Middle 4. DATE Dov Year DECEASED (Type or print) DEATH S SEX AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Dovs Hours ond in ony WIDOWED DIVORCED March 10o, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working like, even if retired) COUNTRY? astics.In Caroline County 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. Frederick P. Glime Fannie Richardson 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 196-26-372 Mrs. Inez G. Glime, Federalsburg buriol, cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove nse to immediate cause (a). stoting the underlying couse be retained by the haspital or attending peen SO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS ALTOPSY PERFORMED? NO certificote OR ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING ET OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, farm, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) Hour To.m. foctory, street, office blda, etc.) Not While of work at work L 21. I certify that (1) (this hespital) oftended the deceased from , that (I) (we) last 16:30 C, and that death accurred at 205 AM, fram causes and on the date stated above **DIRECTOR:** saw the deceased alive as 22p. SIGNATURE 22d ADDRESS 22c. PHYSICIAN'S FUNERAL director, pa NAME (Type) 23o. BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify)
Buria 2-29-67 Junior Order Cemetery Preston: Maryland FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 4672 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a COUNTY **b** COUNTY arvland Caroline MARYLAND c CITY OR TDWN (If autside carparate emits, write RURAL and give nearest tawn)

Ridgely b. CITY OR TOWN (If autside carporate limits, c LENGTH DE STAY IN 16 write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street, address) B. IS RESIDENCE ON A FARM? d STREET ADDRESS None NO NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH S SEX AGE (In years IF UNDER 1 YEAR UNDER 24 HRS COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED last birthday) Months Col. WIDOWED DIVDREED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland
14. MOTHER'S MAIDEN NAME Laboror None TISA 13. FATHER'S NAME Carroll Griffin Carrie Mathhews 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service) Emma Griffin Ridgely, Maryland INTERVAL BETWEEN
DNSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave) nse ta immediate cause (a). DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20g ACCIDENT WAS JNDERLY NG 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (F EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Harne, farm, 20c TIME DF HOURY Month, Day, Year 20d INJURY OCCURRED (City or town) (Caunty) (State) factory, street, affice bldg., etc.) Not While at work at wark 1967 to 12-5 19 67, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 12 - 4 1967, and that death accurred at / M. from couses and on the date stated above. saw the deceased alive on 12-5 22a SIGNATURE 22b DATE SIGNED Robert W. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Robert W. Trever. M.D. Easton. Maryland 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23b. DATE THEREOF 23d LOCATION (City or Town) ((ounty) REMOVAL (Specify) Denton, Maryland Denton Buris 2So REC'D BY REGISTRAR 25h REGISTRAR S SIGNATURE

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death signed by the burial-transit the hospital or attending After this certificate be retoined by 9 VR A15 [4]

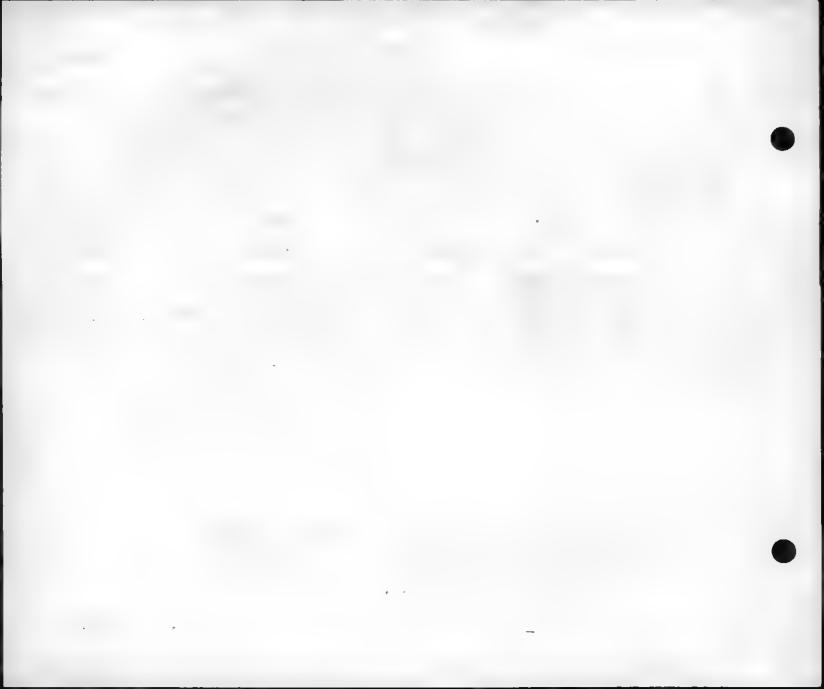
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physician c

and in any

or removal.



		CERTIFICAT	E OF DEATH	A	0077
1	PLACE OF DEATH			e deceased lived, if institution. Res	idence before odmission)
	o. COUNTY TAILOT	MARYLAND	a STATE	b. COUNTY	Talbot
-	b. CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16	CITY OR TOWN (If guiside	corparate Irm'ts, write RURAL and	give necrest town)
	write RURAL and give nearest town)	9 10.11.	Easton		1
H	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital	ol, give street oddress)	d. STREET ADDRESS		a IS RESIDÊNCE ON A FARM?
	Memorias Assoi	Tal	130 S. Au	nona Street	YES NO 3
3	NAME OF First	Middle		DATE Manth	Day Year
	OFCEASED (Type or print) Roberts	ot 4		OF DEATH	23-19/7
5	SEX 6 COLOR OR RACE 7 MARRY	ED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years IF un	DER I YEAR I IF UNDER 24 HRS
	Male white WIDOW		11/3/1879	birthday) Montl	
dui	ing most of working life, even if retired).	NOUSTRY	11 BIRTHPLACE (County & Sto		COUNTRY?
	TATHER'S NAME		14 MOTHER'S MAIDEN NAME	i i	CLOVI
	Richard L. Hardcastl	le	Henrietta 1	M. Nicols	
ŢŞ	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17	INFORMANT	* Address *	
(y	es, na, or unknown) (If yes give wor or dates of service)	217-03-7915 Ni	ss Anna Hardo	astle, Easton.	Mil
	18 CAUSE OF DEATH (Enter only one cause per ine	for (a), (b), and (c).)	/ \		INTERVAL BETWEEN
	PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Cornery Med	u bares	<u> </u>	ONSET AND DEATH
	4201 DUE TO				
	Canditions, if any, which gave (b)	· ·	<u> </u>		
1	stating the underlying couse DUE TO				
	(c)				
l _ź	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		THE TERMINAL DISEASE COND TH	ON GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
I S	Cheen Lu	in of fell the	KALL		YES NO 🔀
CERTIFICATION	206 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	l. (Enter nature of injury in Port	I or Part It of Item 18)	
ਤ	20c TIME OF INJURY Month, Doy, Year 20c		ACE OF INJURY (Home, form,	20f (City or tawn)	(Caunty) (State)
MED		work of work	ctary, street, office bldg , etc.)		
	21. I certify that (I) (this hospital) att	egged the deceased from_	1/xles , 196°	1,10 23 Der.	19 <u>67,</u> that (I) (we) los
	sow the deceased alive on 22 4	Te 1967, and th	of death occurred of 🗲		n the dote stoted obove
	220 SIGNATURE	7	ATTENDING MED	STAFE	DATE SIGNED
1	I keen for Thurson	, N	A.D PHYS. ME DIRE	CTOR PHYS	23 All 67
	NAME (Type) /HURSTON DA	RRISON	22d ADDRESS arts	Kesay lan	
23	BUR AL, CREMATION, 236 DATE, THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY	238 LOCATION (City or Town)	(County) (State)
	12/26/196	7 Spring Hil		Easton, Md.	
3	FUNERAL DIRECTOR	ADDRESS	250 REC'D BY	REGISTRAR 10.00 REGISTRA	RS SIGNATURE INCOME
1/	Macrice E. Denmany 3	ON A ASTON,	Mid' DATE JAN	# 1300 %	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages—rages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours after depth

WR A15 (4) 25M 1/67

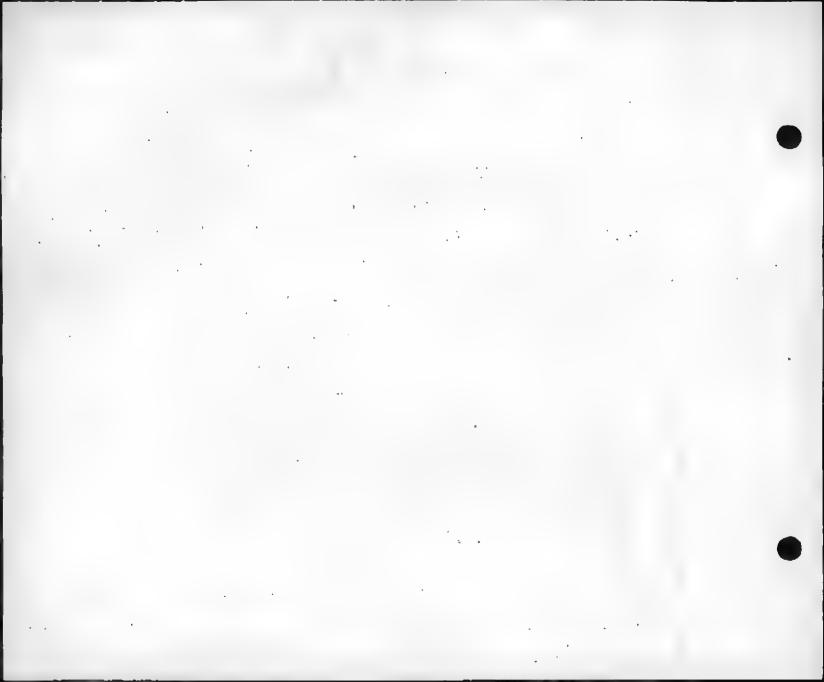
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the deoth certificate be executed within, Page 4 may be retained by the hospital or attending physicion.

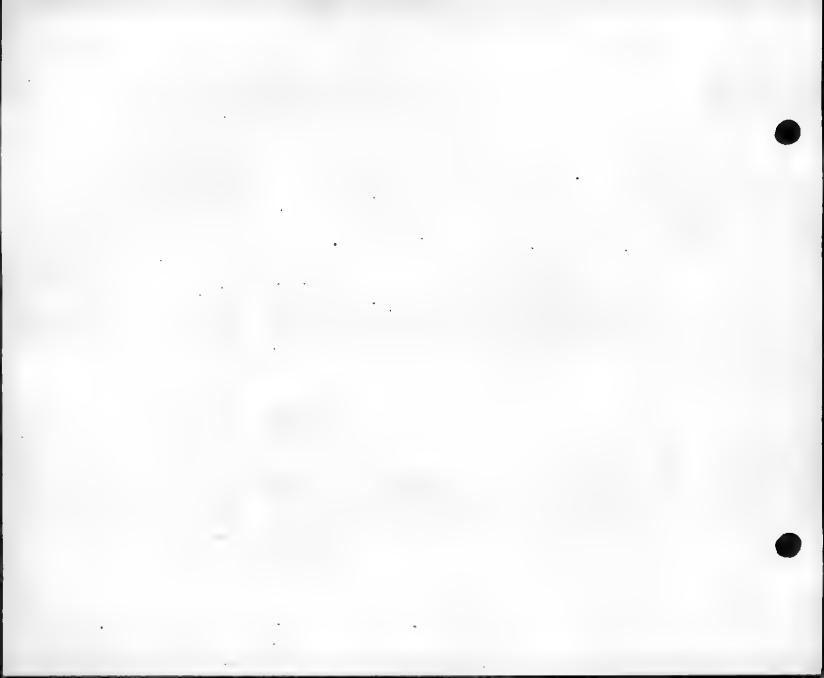
Pages 1 and 2

24-hours ofter death.

* 3 ,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17673 CERTIFICATE OF DEATH by the funeral Popes 1 and 2 Middle Lost 20 DATE OF DEATH 2b HOUR DECEASED NAME First The law requires that the death certificate be executed within 24 haurs after death. after death (Type or pont) James Milton Hunter FUNDER 1 YEAR IE UNOER 24 HRS 3 SEX 4 RACE S. DATE DE BIRTH 6 AGE (n veors 5/20/1885 ast birthdoy) Male W 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED WIDDWED 1 DIVDREED [MAT BOTT 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12g USUAL DCCUPATION (Kind of work done 12b, KIND DF BUSINESS OR TO CITY DR TOWN OF DEATH during most of working ife, even if retired) INDUSTRY EASTON 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY DR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES 🔀 ND [14 FATHER'S NAME IS. MOTHER S MAIDEN NAME First ARWICK HUNTER WILLIAM 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SDCIAL SECURITY ND. 17 INFDRMANT Yes, na, ar unknown) crematian, or remaval, signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Parcinoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a), DUE TO, DR AS A CONSEQUENCE OF stating the underlying cousei PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DRICDNDITION GIVEN IN PART 1(a) tar use as the l f Health priar to b has been 190, DATE DE DERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES DF DEATH? NO IV YES 🗀 'O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b, TIME DE INJURY 21c HDW INJURY DCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, notify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from \$-25, 1967, to \$2-17, 1967, that (1) (we) lost saw the deceased alive on \$12-45, 1967, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on.... be retained director, page 3 should should be filed with the couses stated above (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR rever M. D. DEGREE 22d. PHYS, CIAN S 22e. ADDRESS Robert W. Trever, M. D NAME (Type) Page 4 23c. NAME OF CEMETERY DR CREMATORY 23d LDCATION (City or Town) 230 BURIAL, (REMATION, (State) CHESTERFIELD ENTREVILLE 2SG REC'D BY REGISTRAR DEC 2 2 **ADDRESS** FUNERAL DIRECTOR





CERTIFICATE OF DEATH

17690 ON A FARM?
YES NO Year

2 USUAL RESIDENCE (Where deceased aved, of institution. Residence before admission) PLACE OF DEATH o. COUNTY b COUNTY MARYLAND carparate limits, write RURAL and give nearest tawn) C LENGTH DF STAY IN 16 b CITY DR TDWN (If autside carparate limits, write RURAL and give nearest town EWCOMB d. STREET ADDRESS d NAME OF HOSPITAL DR INSTITUTION (If not in pospital, give street address) mo 3 NAME OF 4 DATE Manth Middle First OF DECEASED 2 196 DEATH (Type or post) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH S SEX COLOR OR RACE 7. MARRIED **NEVER MARRIED** Jast birthday) Days Months Haurs WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work dane goting most of working life, even if refired) MOTHER'S MAIDEN NAME FATHER'S NAME OOPER 1 INFORMANT WAS DECEASED EVER IN U.S. ARMED FD RCES? 16. SOCIAL SECURITY NO (Yes, na, approximown) (If yes give war ar dates of service -7.0-4 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Inst WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED # THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20a ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Hame, farm, (State) 20d INJURY DCCURRED (City or town) (Caunty) 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur 'a.m. Nat While at wark at wark 2]. certify that (A) (this hospital) attended the deceased from 13 and that death accurred at 17 M, fram causes and an the dote stated above the deceased alive on 22b. DATE SIGNED 22a, SIGNATURE STAFF ATTENDING M.D. PHYS 22d. ADDRESS 22c PHYS. AN'S NAME Type)

Lane Wroth DATE THEREOF BURLA-CREMATION,

23c NAME OF CEMETERY OR CREMATORY

Michaels, 23d LOCATION ACITY

director, page should be filed 25a. REC'D DT REGISTRAR 195B

VR A15 (4) 25M 1/67

after death

hours

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

d)

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> prior to l has been

Health

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this certificate

After

DIRECTOR:

be retained

O HOSPITAL TO FUNERAL

physician



. 57

by the funeral Pages 1 and 2 nours after death.

hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-trans; permit. Then please remove carbon paters hauld be filed with the State Dept. at Health priar ta burial, cremation, ar removal, and in any event, within 12 h

VR A15 (4) 25M 1/67

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

17681

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution. Residence bi	efore admission)
	a COUNTY - 16 -	a. STATE As b COUNTY	,
_	1771001 MARYLAND	Manyland Jalb	ot
	b CITY OR TOWN (If autside carporate limits, CLENGTH OF STAY IN 1b write RURAL and give nearest town)	c CITY OR TOWN (If datside carparate limits, write RURAL and give nea	arest tawn)
	EASTON 6 days	Condova	and the second
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	e S RESIDENCE
	memorial Hospital		ON A FARM? YES NOX
	NAME OF First Middle		Doy Year
	OFCEASED (Type or print) Margaret BARBARA	Kohn DEATH December	17 1967
S	SEX 6 (OLOR OR RACE 7. MARRIED NEVER MARRIED	3. DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEA	
	emale with widowed Divorced	3-8-88 Agyrs Months Don	
10o	USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, or foreign country) .2 CITIZEN	
cur	ing most of working life, even if retired) INDUSTRY	Hungary USA	57.6
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	sun han		
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 I	When Address	
(Ýe	s no or unknown). Vit was give wor or dotes of service)		
_	218-09-1562 MA	s. Alex Helmer, Ordova, Md.	
	18. CAUSE OF DEATH (Enter only one cause per line (or (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY	1-0	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Caugestus lies of	arun ovenere	ONSET AND DEATH
	4201 DUE TO DUE	0 0 1 1 1 1	121
1	Conditions, if ony, which gove) (b) Course try alle tron or	until heart his care	(?)
	nise to immediate couse (a). stoting the underlying couse		
	lost. (c)		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION COVEN IN DADE 1/-)	19 WAS AUTOPSY
8	Allieus selectie Gregoria (A) from		PERFORMED?
13	controsum is grayum (")	•	YES NO
CERTIFICAT		(Enter nature of injury in Part I or Part II of Item 18)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
₹		CE OF INJURY (Hame, form, 20t (City or town) (County)	(State)
MED.	Haur a.m. While Nat While fact	ary, street, affice bldg., etc.)	
1	STILL	16/	
	21. 1 certify that (I) (this haspital) attended the deceased fram_	July , 19 4, to 17 Dec , 1967,	that (I) (we) last
		death accurred atM, fram causes and an the c	
	220. SIGNATURE	ATTENDING MED STAFF 22b DATES	IGNED
	Nun ha Harrisan M.	PHYS DIRECTOR PHYS 1/8 PE	266/
1	22c PHYS CIANS	22d. ADDRESS	
1	NAME (Type) THURSTON HARRISON	Castan Mary land	
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (Cod	unity) (State)
	REMOVAL (Specify) 12/20/1967 St. Joseph's	Cordova Nd	
24	FUNERAL DIRECTOR ADDRESS	A 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNA	ATURE
12	6 Abustanis Ton Rodin	. 74.1	_
1/1	which william (201) WASTEN	IVIO DATE DEC 2 1 1967 Misseles	o most



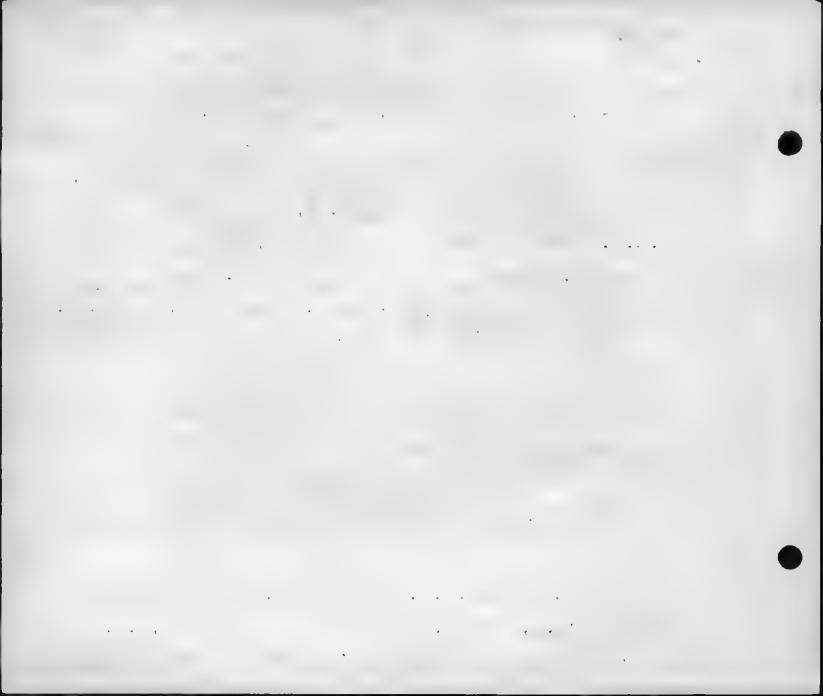
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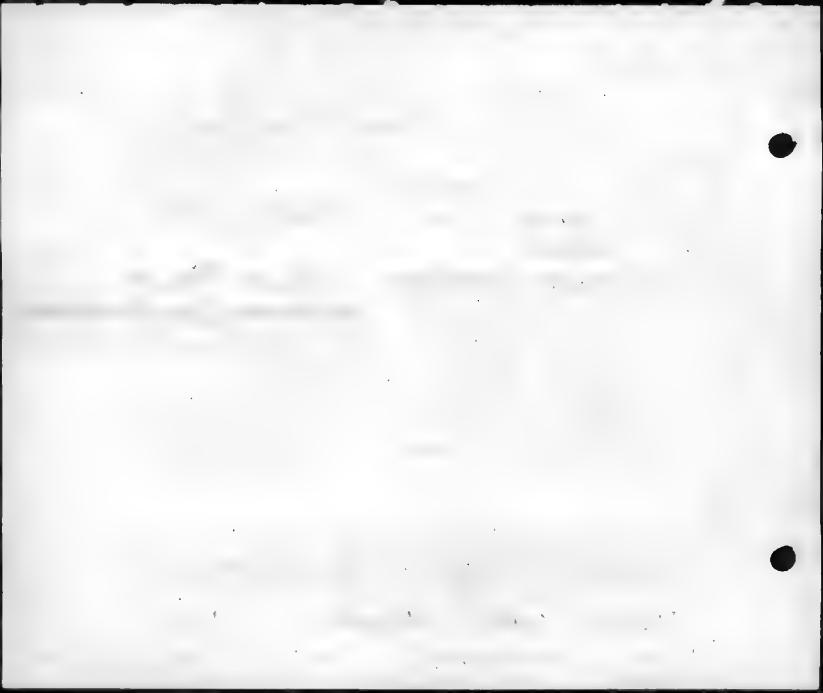
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed fixed, If institution: Residence before edmission;						
	e. STATE b. COUNTY						
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Talbot c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeres) town)						
write RURAL end give neerest lown)							
Rural - St. Michaels 15 yrs.	Rural - St. Michaels						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS • 15 RESIDENCE ON A FARM?						
out the time can	YES XIVO						
3. NAME OF First Middle	Last 4. DATE Month Day Year						
DECEASED	OF						
VELLUL IFINI	Percentage 19 of						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 2 Months Days Hours							
	Oct. 21, 1898 69 yrs. Months Days Hours Min.						
10a USUAL OCCUPATION (Give fund of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stete, or foreign country) 12, CITIZEN OF WHAT COUNTRY?							
Ret. V. P American Airlines New York, New York USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
William C. Littlewood Nellie T. Nuttall							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Martadam Parm							
340-05-1414, William C. Littlewood, St. Michaels, Md.							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO							
						Conditions, if any, which gove rise to immediate cause	your will sold to the
						(a), steting the underlying DUE TO	1 1
						ceuse lest. (c) / WM/16	wills years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 149. 19. WAS AUTOPSY PERFORMED? 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert ! or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert ! or Pert II of Item 18.)							
						TE 200 ACCIDENT WAS LINDERLYING TO LOOK DESCRIBE HOW ACCIDEN	
OR CONTRIBUTING CAUSE OF DEATH	ZOB ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert ! or Pert !) of item 18.)						
	ACE OF INJURY (Home, ferm, ' 20f. (City or fown) (County) (State)						
Hour e.m. While Not While	Hour e.m. While Not While factory, straet, office bldg., atc.)						
	Wille 10/0 - 3 /1/2 - 10/2 - 10/2						
	JULIS, 1962, to 3, JULI, 1962, that (1) (we) last						
	death occurred at 30.M, from the causes and on the date stated above						
220 SIGNATURE 22b, DAT ATTENDING MED. STAFF SIGN							
M.D. PHYS. DIRECTOR PHYS. 12-4-6							
					NAME (Type) R. LANE WROTH, M. D.	St. Michaels, Maryland	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele)							
REMOVAL (Specify)							
Gremation Dec. 8, 1967 Ft. Lincoln Crematory Washington, D. C.							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Thruson (a Leonard D. Michaels Md. DATOEC 8. 1967 Thanks Juster							





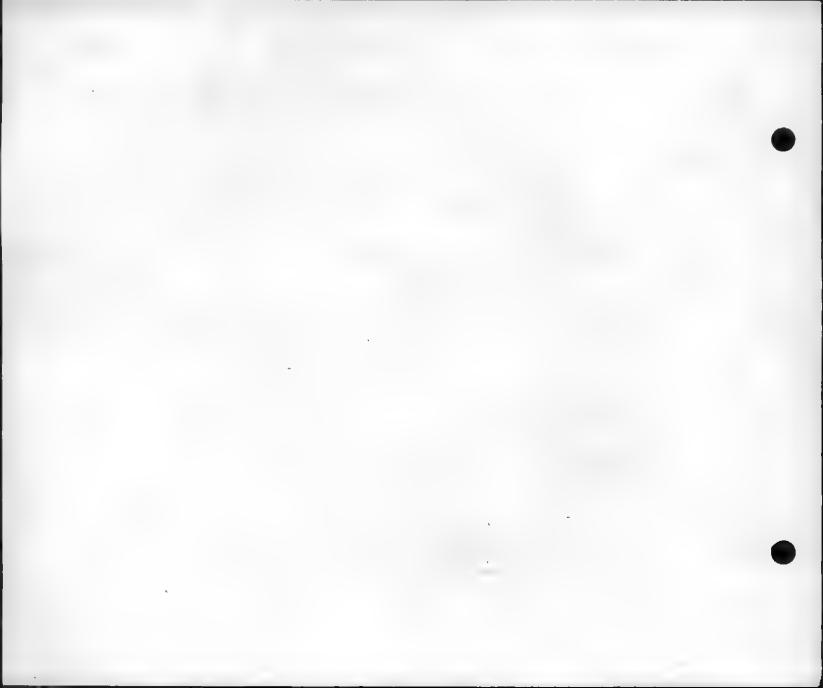
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	CERTIFICATE OF DEATH					
1,	PLACE OF OEATH		2. USUAL RESIOENCE (Where deceosed lived,			
	o. COUNTY JAIPOT	MARYLAND	O. STATE MARYLAND	O. STATE MARYLAND 6 COUNTY TALBOT		
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparate limits,	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest fown)		
	12AS1	ON / W/a hR.	DOZMAN	10-1		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street oddress)	d. STREET ADDRESS	e IS RESIDENCE ON A FARMS YES NO		
	NAME OF DECEASED (Type or print) Charles	PROVEIZ	Losty 4 DATE OF DEATH	Month 4 Doy Year 7 1967		
S.	maria	IARRIEO NEVER MARRIED DIVORCEO S	8. OATE OF WITH 9. AGE NO. EPT 23, 1884 83	yeors F UNDER YEAR F UNDER 24 HRS Hours Min Yrs.		
10	o. USUAL OCCUPATION (Give kind of work done ong most of working life, even if retired) ET. CARPETITIES	106. KINO' OF BUSINESS OR INDUSTRO DUILDING	11 BIRTHPLACE (County & State, or foreign county M	PACYLAND OF WHAT ACTION OF WHAT ACTION OF WHAT		
- 1	. FATHER'S NAME	man	14. MOTHER'S MAIDEN NAME	00 - 0		
.	JOHN EDWIN /	11 LUAY	SARAH ADORA	MOZUAY		
	WAS OFCEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dates of servi		Harles G.M. Jugy.	JR ST, MICHAELS		
	IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OUT TO Conditions, if only, which gove	the for (a), (b), and (c),	Macula lice	INTERVAL BEHIVEN OLISET AND DEATH		
	rise to immediate couse (o), stating the underlying cause (c)	a reorganice	anna vana	myers years		
ATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(o) 19 WAS ALTOPSY PERFORMED? YES NO					
CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b OESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item	m 1B.)		
MFDrCal	p.m., 17	While Not While of work of work	ICE OF INJURY (Home, form, 120f (City or tory, street, office bldg., etc.)	town) (County) (Stote)		
	21 / Certify that (I) (this hasaval) attended the deceased fram 3/1/2, ta 4/1/2, ta 4/1/2, that (I) (we) last saw the deceased alive an 1/2, and that death accurred at 927 M, fram causes and an the date stated above.					
	220 SIGNATURY	Ally M	7.13			
	22c PHYSICIAN'S R. LANE	WROTH	5T Mic HAE	LS. MARYLAND		
Ľ	O BURIAL CREMATION, 23b. DATE THEREOF		Camelery Bozz	man, mary land		
5	4 FUNERAL DIRECTOR	ADDORES!	250 REED BY REGISTRAR	2Sb. REG STRAR'S SIGNATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law majures that the death certificate be executed within 24 hours after. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 h

deoth.



MARYLAND STATE DEPARTMENT OF HEALTH Item 2 taken from birth CERTIFICATE OF DEATH 17899 Item 14 taken from pre I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY n STATE MARYLAND b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY AN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Chester nitin e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM? YES NO Marling Farms NAME OF 4. DATE Middle Last Day Year DECEASED OF DEATH (Type or print) B. DATE OF BRIH 12/19/67 S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED AGE (In years IF UNDER 24 HRS **NEVER MARRIED** HOUTS White last birthday) Months Days Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Md. COUNTRY? 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME James Middleton Beterly 1/2/v/el/dw/ Gambrill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service Beverly Middleton (mother) Chester Md. 18. CAUSE OF DEATH (Enter only one couse per line tor (a), (b), and (c)) INTERVAL BETWEEN encepholocole PART 1. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Lorauin Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? CERTIFICATION NO 20g. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of unjury in Part I or Part II of item 181) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL

20d. INJURY OCCURRED

at work L

21, I certify that (1) (this hospital) attended the deceased from

Nat While

at work

20e PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.)

, and that death accurred at S

ATTENDING

22d. ADDRESS

(City or tawn)

(Caunty)

(Stote)

M, from causes and on the date stated above 22b. DATE SIGNED MED. DIRECTOR STAFF

Maryland

23a. BURIAL, CREMATION 23b. DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY

Institute of Mental Hygiene

ADDRESS

23d LOCATION (City or Town)

Baltimore.

24. FUNERAL DIRECTOR

22a SIGNAJURE

22c PHYSICIAN'S

NAME (Type)

20c. TIME OF INJURY Month, Day, Year

saw the deceased alive

Hour 'a m

M.D

25g. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Page 4 may be retained by the hospital or attending director, page shauld be filed 9 VR A15 (4) 25M 1/67

FUNERAL

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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physician

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this certificate has been

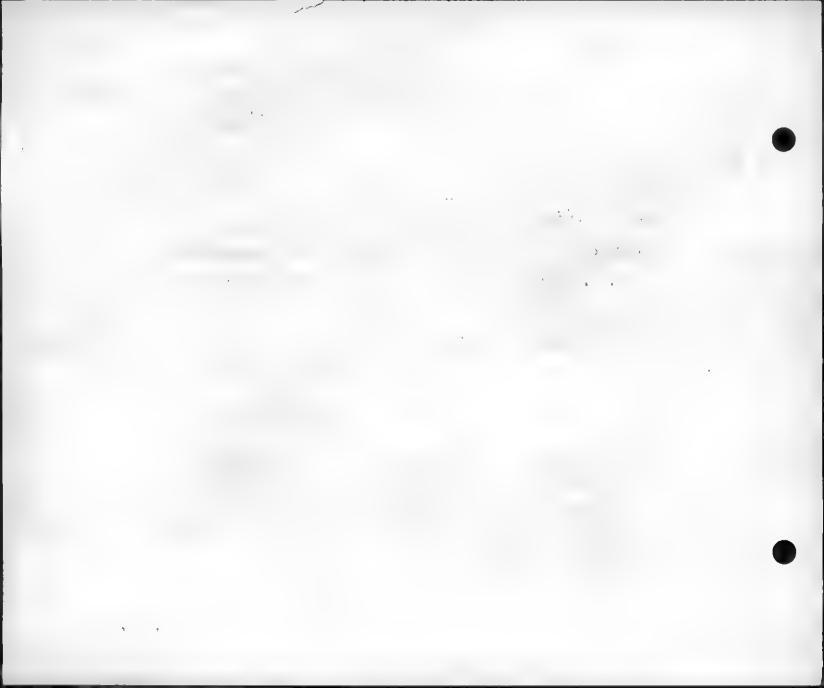
OR ATTENDING **DIRECTOR:** After



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

24 hours after death.

2 2 -		*) O '		CERTIFIC	ATE OF DEATH		11695
death	1	PLACE OF DEATH	11 +		2 USUAL RESIDENCE (WI	here deceased lived, if institut	on Residence before admission)
10 (A CO)		111	Pel	MARYLA	ND Danu		Talbot
hours after by the by the by the by the by the by the bours after thousand the bours after the		b CITY OR TOWN (If outside write RURAL and give in	e corporate himits,	C LENGTH OF STAY IN	Ib CITY OR TOWN (If 60ts	side corparate limits, write RUF	RAL and give nearest town)
by Pe		WING KOKAL BING GIVE I	E ASTON	1 /8 th	1. Tile	ghman.	
		d NAME OF HOSPITAL OR I	NSTITUT ON (If not in hos	opital/give street oddress)	d STREET ADDRESS		e IS RES DENCE ON A FARM?
Popp Popp		Meme	RIAL /	40SPITA			YES NOYE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3	NAME OF DECEASED (Type or print)	MARTHH	1 Ralh	11A MURPA	DATE Mont	Doy Year 2 4 1967
ecuted camplet ave car			OR OR RACE 7 MAI	RRIED RIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years lost birthday)	Months Doys Hours Min.
execution campaint ca				OWED DIVORCED	□ 8/12/1918 ¹ /	49 yrs	
physician and en please ren	1(d	Do USUAL OCCUPATION (Give a	and of work done	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County &	State, or foreign country)	12 CT ZEN OF WHAT
icate b sicion please l, and i		Housework			Queen Ann		USA
hys n p val,	'	3. FATHER'S NAME			14. MÖTHER'S MAIDEN NA		
th certifi		Wm. H. A			Mary He		
e death ce attending permit. The		S WAS DECEASED EVER IN U.S. Yes, no, or unknown) (If yes o	ARMED FORCES? live war or dates of service	16. SOCIAL SECURITY NO	17. INFORMANT	Addre	355
the all			nter only one couse per l		Ç_		INTERVAL BETWEEN
that than the by the reansit		PART I DEATH WAS	MMEDIATE CAUSE (o)	schet-	ree_	- /	We T ENEMATERY
d b Tro		1036	DUE TO V	2. P. T. O	2		
uires hysici gned urial-t urial,		Conditions, if any, which rise to immediate cous		rilate le	e adimo	carren	courte
red ទី ទី ទី		stoting the underlying		0.17-			
aw rading been the arta		lost.	(c)	((6)-2	7 '		
The lar after after le has as use as alth pri	CERTIFICATION	PART II OTHER SIGNIFICA	NT CONDITIONS CONTRIB.	TING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE COND	TION GIVEN IN PART 1(0)	19 WAS A TOPSY PERFORMED? YES NO
PHYSICIAN: e haspital ar his certificate stacked for c	TIEIC	200 ACCIDENT WAS JNDER		206 DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Pa	ort I or Port I of item 18)	
rsic aspit certif hed it. af							
PHY be ho lis c tack tack	MEDICAL	20c. TIME OF INJURY Mo	nth, Doy, Year		De PLACE OF INJURY (Home, form,	20f (City or town)	(County) (State)
9 = ± 40 9	150	p.m	19	While of work of work	foctory, street, office bldg., etc.)		1 /
TENDIN ined by OR: After ould be the Stat				attended the decoased fr	om 145 4, 19	10/1-1	4, 1962 Ahat (1) (we) los
			d alive on 1272 -	-24 196 7 On	d that death occurred at_	M, fram causes	and on the date stated above
OR AT be refu DIRECTO pe 3 shu ed with		226 SIGNATURE	12/12/0	12/2 /2		MED STAFF	22b DATE SIGNED
DIRI DIRI	ı V	1000	1/1000		M D PHYS. X	DIRECTOR L. PHYS. L.	1/2-16-61
A Para	S L	22c. PHYSICIAN'S NAME (Type)	uym	Rless	22d. ADDRESS	ruchan	Greek
Page 4 m O FUNER director, should b	2	30 BUR AL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETE		23d LOCATION (City or To	wn) (County) (State)
Page Single	L	RED WALESTE	12/27/1967		t Cemetery	Tilghman,	Md.
	41	24 FUNERAL DIRECTOR		ADDRESS			GISTRAR'S SIGNATURE
VR A15 (4) 25M 1/67	11	Caucice & 7.	101DRAM	the don corat	DATE AN	2 1968	warles junger



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TO MESPITAL OR MITTENDING POPPICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages Tand should be filed with the State Dept. at Health priar to bur al, cremation, or remaval, and in any event, within 22 hodrs after dead

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

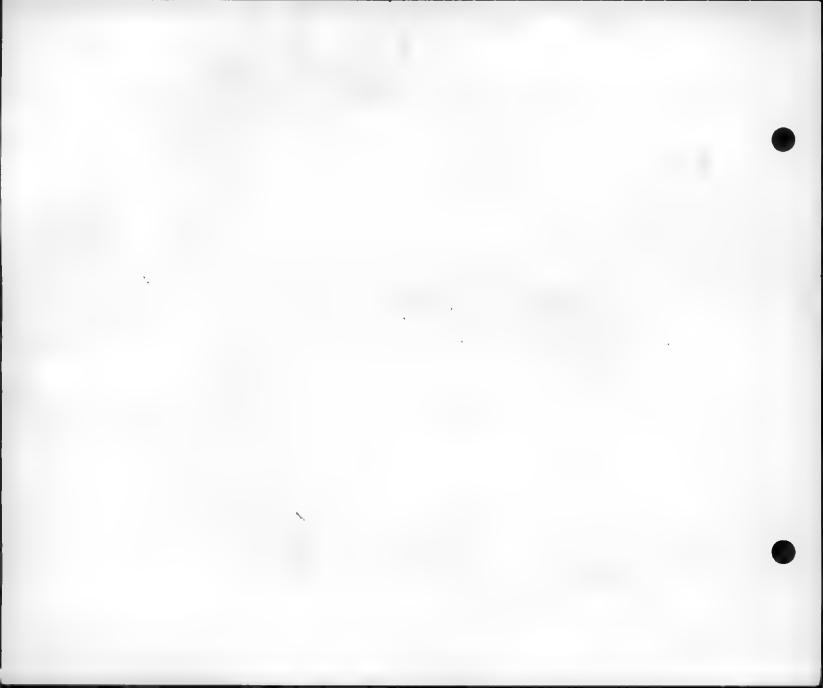
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICAT	E OF DEATH		17680
PLACE OF DEATH	1	ζ		Where deceased lived, if institution	
o. COUNTY TALK	/-	MARYLAND	O. STATE	land b. COUNT	Talbox
b. CITY OR TOWN (If outside corporate	limits, C.U.	ENGTH OF STAY IN 1b		utside carparate limits, write RUR	
write RURAL and give nearest tawn)	15mins	mel.	ond.	
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, nive st		d. STREET ADDRESS	D/al.	l e IS RESIDENCE
A 2 1	1/	1 - 1	G. STREET /ISSUESS		ON A FARM?
3. NAME OF	Prospit	A.I		L 4 DATE Hand	YES NO 3
DECEASED	First	Middle	lost	4 DATE Month	
(Type or print) 5 SEX 6. COLOR OR RACI	m45 y		MKphy	DEATH DEC	IF UNDER 1 YEAR IF UNDER 244HRS
		NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years Lost birthdoy)	Months Days Hours Min
male white	WIDOWED [DIVORCED	9/20/1897	/O Au	
IGo LSUAL OCCUPATION (Give kind of work- during most of working life, even if retired)	done 10b. KIND OF INDUSTR	BUSINESS OR	11 BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT
(ant Deschant			Scarboro	uch. Encland	COUNTRY?
13 FATHER'S NAME		-	14. MOTHER'S MAIDEN	NAME	
Thomas Murphy			Mary Sou	Labu.	
15 WAS DECEASED EVER IN U.S. ARMED FOR	CES? 16. SOCIAL	L SECURITY NO 17		Addres	\$2
(Yes, no, ar unknown) (If yes give wor or d	otes of service)	10-8421 1	rs. Thomas	Marche Oulan	1 MJ
IB CAUSE OF DEATH (Enter on y on			-1	- with any	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY-		Many	haran la	121 C	CONSET AND DEATH
IMMEDIATE C	DUE TO	S. C. B. F. A.	N. A. O. MY A.	07.7	3111111
Conditions, if any, which gove					
rise to immediate couse (a),	(b)				
stoting the underlying couse	DUE TO				
lost.	(4)				
字 PART 31 OTHER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NOTTION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF THEFT NOTIFE MEDICAL EXAMINED					YES NO
200 ACCIDENT WAS UNDERLYING	20b DESCRIBE	HOW INJURY OCCURRED	(Enter noture of injury in	Part I or Port II of Item 1B)	1/~
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c TIME OF INJURY Month, Doy, You	ear 20d INJURY		ACE OF INJURY (Home, for		(County) (State)
Hour o m. € p.m.	19 While of work	Not While at work	ctory, street, office bldg , etc.)	
21. I certify that (I) (this			XI and T	194, to Dec, 24	, 1947, that (I) (De) las
saw the deceased alive a		19 67, and th	at death accurred at	7 - M. fram causes c	and an the date stated above
TEA. SIGNATURE - LAAA	100.00	1		1 4	22b DATE SIGNED
MW 7CLOUS I	MAN	22-101	AD PHYS.	MED. STAFF DIRECTOR PHYS.	11/2/10
22c PHYSICIAN'S	111111111		22d. ADDRESS	DIRECTOR CO 11(1)	1 die Constitution
NAME (Type)	7 M. M.	El Janaldi	M Hamson	1 St. Fr	Jon Wide
230 BURIAL CREMATION, 23b, DAI	TE THEREOF 23c	NAME OF CEMETERY O		23d LOCATION (City of Tow	vn) (County) (State)
REMOVAL (Specify)		_		410 4	· Dig (cooling) (21016)
24 FUNERAL DIRECTOR	20/190/ 1	ort Lincol		D BY REGISTRAR 250 REC	GISTRAR S SIGNATURE
7.4	. 10	AUDICOS 4 -	/	0 1040 1	When redse
Maurice E. Muss	a my ser	1 coulon	mol DATE J	AN & 13th A	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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	and e death			PLACE OF DEATH a. COUNTY TAILOT MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution o. STATE Maryland b. COUNTY MARYLAND MARYLAND	
ours office by the	E ST			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) S S C C C C C C C C C C C C C C C C C	
n 24 hc	E Sees	1	(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 403 South Sheet	e IS RES DENCE ON A FARM? YES NO
that the death certificate be executed within 24 haurs after an. on. by the attending physician and campletely filled in by the fu	ear you	4		NAME OF First Middle Lost 4. DATE Month OF DECEASED (Type or print) CARRIE E, RASIN DEATH 12	Day Year - 16 19 67
execute d camp	e Ve		2	kmale Cit WIDOWED DIVORCED 1 NOV. 12-189/ Host buthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
ate be	and ir		duri	USUAL OCCUPATION (G ve kind of wark dane ing most of warking life, even if refired). 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fareign country) TALKO + Md	12. CITIZEN OF WHAT COUNTRY? 24.5 A
certific	Then pl maval,			FATHER'S NAME Walter Thomas 14. MOTHER'S MAIDEN NAME Ways	ner
t the death ce the attending	permit. an, ar re				nson
that the in. by the	ransit permit. Then pl crematian, ar remaval,			18. CAUSE OF DEATH (Enter only one cause per line for, (c), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 18. CAUSE OF DEATH (Enter only one cause per line for, (c), (b), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), (b), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), (b), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), (b), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), (b), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), (b), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), (b), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), (b), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), (b), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), (c), (c), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), (c), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), (c), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), and (c), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), and (c), and (c) 19. PART 1. DEATH (Enter only one cause per line for, (c), and (c)	ALCY SHAND DEATHER STATE
physician signed by	burial-t burial, c			Conditions, if any, which gove (b) CONCESTINE CAPOIAC DISCASE	WAIN
law re ending s been	as the			stating the underlying couse (c) ARTERIOSCLETESIS PART H. OZHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
N: The far att	far use Health p).	CERT, FICAT, ON	BRONCHIAL AS THATA 200 ACCIDENT WAS UNDERLYING \(20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18 \)	PERFORMED? YES NO
HYSICIA haspita s certifiy	sched fr spt. af h		MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City at tawn))	(Caunty) (State)
by the	be deto State Do		WED	955 pm 1967 at wark at While of wark at Control of wark 1967 at wark 1967 at wark 1967 at wark 1967 to 12-12	19 67 that (I) (we) In
OR ATTENI be retained DIRECTOR: A	shauld /ith the			sow the deceased olive on 19 , and that death occurred at 758 M, from causes on 220 SIGNATURE ATTENDING ATTENDING STAFF	nd on the date stated obove 22b. DATE SIGNED
	page 3 e filed w	ţ		THE SICHAL SIGNAL ATTENDING MED DIRECTOR DIRECTO	12-17-67
O HOSPITAL Page 4 may O FUNERAL	directar, p shauld be	2	230	BURLA, CREMATION, 236 DATE THEREOF 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town	n) (County) (State)
VR A15	5 (4)	34	24	MADIONIC NOVOS+	STRAR S SIGNATURE
25M 1	/6/		X	Harry IN Wastilly Emm MId. DATE	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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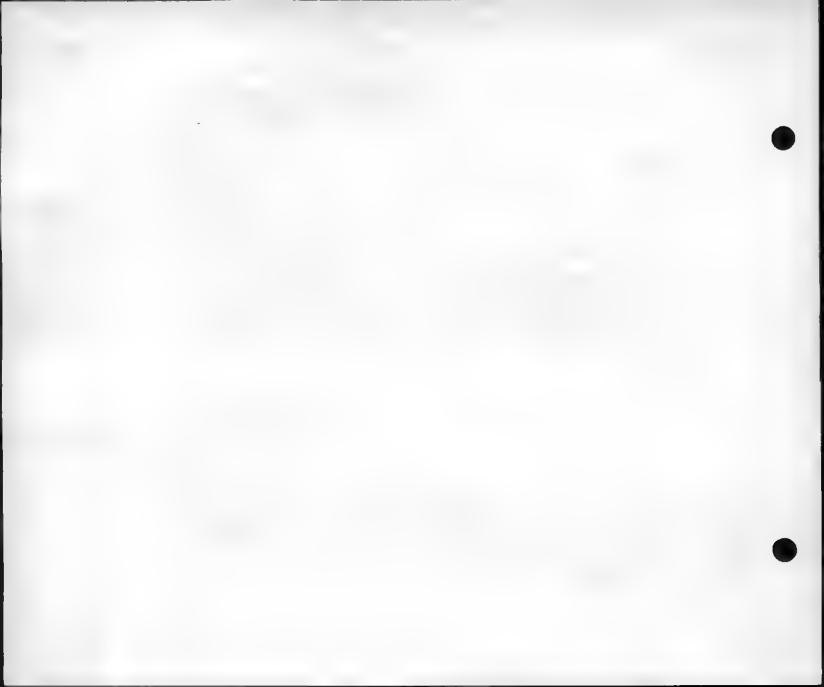
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	1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)
	O COUNTY TAIDOT MARYLAND	o. STATE MARINE B. COUNTY TO 18
	b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	write RURAL and give neorest town)	
	EASTON DX CH.	ST. MICHAELS
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
y	Memorial Hospital	CHEW AVET YES NO N
	3 NAME OF First Middle	Lost 4. DATE Month Doy Year
	(Type or pnnt) NANNIE	RCC DEATH 12 14 1967
		B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	FEMALE WHITE WIDOWED DIVORCED DI	SEPT 9, 1896 Ost birthdoy) Months Doys Hours Min
	10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
	during most of working life, even if retired) INDUSTRY	TALBOT COUNTY, MD COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Farman man	Na marine P
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17	NFORMANT Address
	(Yes, no_oqueknown) (If yes give wor or dotes of service)	NPOKMANI AGGIESS
	110 - 5	EORGE KOE, NT. MICHAELS MID
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:	1NTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0)	et peure pers
	DUE TO PAR	0 17.
	Conditions, if ony, which gave) (b) I le Co fet	evelle Cerebro
	rise to immediate couse (a),	0.
	storing the underlying couse (c) Rue (c)	elea VRIA
		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
5	S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
-	200 ACCOMPRIBUTION CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTION OF CAUSE OF	CFO COLT YES NO D
	206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port II of Item 18.)
	I = I LIFELITIEK, NUMERT MEDILAL FAAMINEK) F	
	3 20c TIME OF INITIES Month Day Year 20d INITIES OF CURRED 20e PLAN	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour o.m. While Not While foct	ory, street, office bldg , etc.)
	p.m. 17 of work 🗀 at work	19 14 6
	21. I certify that (1) (this haspital) attended the deceased fram 🗸	19 to 2 19 that (1) (we) last
		death accurred at 72.7 M, fram causes and an the date stated above.
	220 STGNATURE 77 PAR O O O	ATTENDING AMED STAFF 22b DATE SIGNED
	XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	PHYS. PHYS. PHYS. PHYS.
	22c. PHYSIC AN SCI	22d ADBRUS 200 C
	HAME INFORCELY MILLERY	Attillenace Vice
	230 BUPAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	TROMOVAL (Specify) - 1 1917 DILLET	EMETERIA SEMINATION IN
	24 AUNERAL DIRECTOR ADDRESS	250_REPO BY REGISTRAR 255 REGISTRAR S SIGNATURE
	Sa Louiseve Diversor	1 DEC 20 1967 Blender Contact
	James Garand Kr. Michael	s hed plant of the

TO HOIPMAL ON ATTUMBING MIYSICIAM: The law requires that the death certificate by executed within 14 hours after diath.

Page 4 may be retained by the haspital at attending physician **■ FUNERAL DIRECTOR:** After this certificate has been signed by the ■Itemding physician and completely filled in by director, page 3 shauld be defached far use as the burial-transit permit. Then please remave carban paper—Pagnettor, page 3 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 2 haurs

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CEDITIFICATE OF BEATH
= LAA		CERTIFICATE OF DEATH
res that the death certificate be executed within 24 hours after death sician. ed by the attending physician and completely filled in by the funeral al-transit permit. Then please remave carban papers Pages and crematian, ar remaval, and in any event, within 72 hours after death	/ 1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY
P		
Pages ours offi		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn)
E PER E		FACTON TOUR Cambridge, R.D. 2
a ho	\	d NAME OF HOSPITAL OR INSTITLTION (if not inchospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM?
filled in poper thin 72	L	Memorial Hospital Rural YES NO FO
with the wife with the wife of	3.	NAME OF First Middle Lost 4 DATE Month Day Year DECEASED OF OF
executed with and completely remave carban any event, with		(Type or print) $15AEV$ $130V$ $13EVIOV$ DEATH $18-3-196$
cuted ompletive car event	7	The state of the s
and co		
be a din din	du	a USLAL OCCUPATION (Give kind of work done INDUSTRY INDUSTRY Cambridge 11, BIRTHPLACE (county & Stote, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? Cambridge
icate be sician please I, and ii		FATHER'S NAME 14. MOTHER'S MAIDEN NAME
e death certificate b attending physician vermit. Th≣n please an, ar remaval, and i	18	Leslie H. Shenton Carol Adams
th certif	19	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address
eath indir	Ö	Leslie H. Shenton, Cambridge, R.D. 2
attendi attendi permit. ian, ar n	-	
the the sit		PART I. DEATH WAS CAUSED BY.
that than an. by the transit cremat		7620 IMMEDIATE CAUSE (o) Theu will ca
physician physician signed by the burial-transit burial, cremat		(conditions, if any, which gove) (b) Core have a survey a
@		nse to immediate cause (a), stating the underlying cause DUE TO
ding een the rrto		lost (1) Jutrautegue distress
e lo tren as b as as pric	2	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A TOPSY PERFORMED? PERFORMED?
in and a see house use alth	CFRT.FICATION	YES NO NO
IAN: al ar ficate far us far us Healt	THE	20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18)
SIC Ispit ertif red red t. af		
PHYSI ne hasi this cel etache Dept.	MFDICAL	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, Hour'a.m. While Not While foctory, street, office bldg., etc.) (City or town) (County) (State)
The state of the s	1 2	pm. If grwgrk in grwgrk in
Afte Afte a be s Sto		21. I certify that (1) (this haspital) attended the deceased fram
O. S. C. L. C.		saw the deceased alive an
OR AI be retc DIRECT ge 3 sh led with		220 SUNATURE ATTENDING MED STAFF 226 DATE SIGNED ATTENDING DIRECTOR PHYS DIRECTOR PHYS 12/6/67
		22c PHYSICIAN'S 22d ADDRESS PHYS 124616
SPITAL 4 may VIRAL Far, pag Id be fil		NAME (Type) William H, Matrield, M. D. Easton, Md.
A 4 NINIII	2	ID. BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Page 4 may O FUNERAL C director, page should be fill		-REMOVAL (Specify)
M		4 EUNESAL DIRECTOR 250 KEC D BY REGISTRAR S 256 REGISTRAR S SIGNATURE
VR A15 (4)		Kenneth & Home Camb grul DATOEC 8 1967 fchances Judge
11)	-	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Pages 1 and 2.

filled in

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remave carban-aggs and present in the please remave carban-aggs.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24

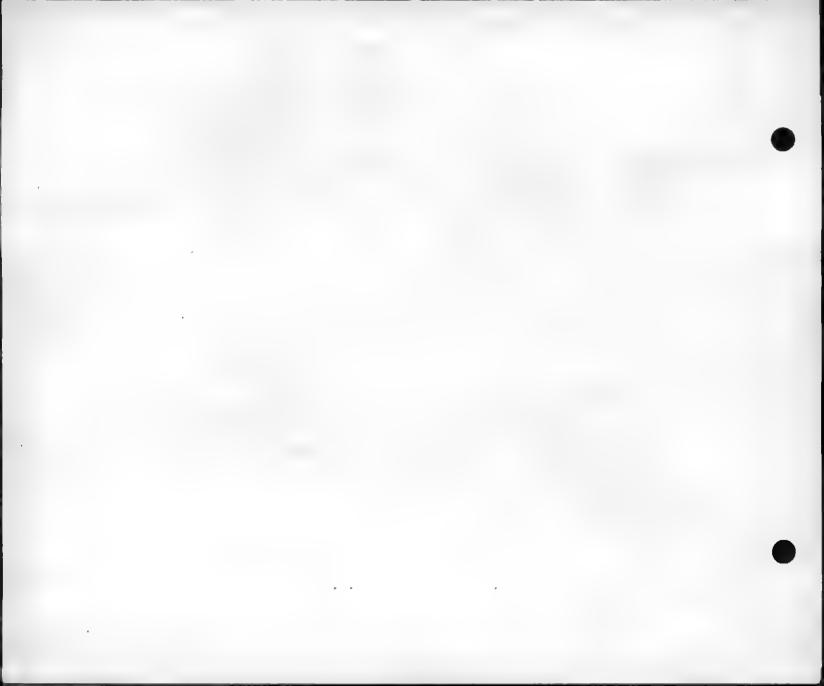
Page 4 may be retained by the haspital or attending physician

VR A15 (4) 25M 1/67

haurs after death.

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100		CEKTIFICATI	C OF DEATH	6 U 1/1/
2/		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution Residen	ice before odm ssion).
	0	O. COUNTY TALBET MARYLAND	o stattaryland tueen A	Inne
ı	b	CITY OR TOWN (If outside corporate limits, , C LENGTH OF STAY IN 16	c. CiTY OR TOWN (If outside corporate limits, write RURAL and giv	re neorest town)
		write RURAL and give nearest town A. FON 13 dA.	ueenstown,	1.
2	d	d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
(Memorin Hospital	RFD# 1	YES NO
		NAME OF SEE AND SEE AN	Lost / 4. DATE Month OF	Doy Year
Ļ	(Type or print) (1////////////////////////////////////	UM SIE DEATH /	27 1967
	SS	7. HARAILO IL	8. DATE OF BIRTH 9 AGE (In years lost birthdoy) Months	Doys Hours Min.
	_	Male Negro WIDOWED DIVDRCED D	Dec. 23,1907 60 vs.	
	durir	USUAL OCCUPATION (Give kind of work done or most of working life, even if retired) ITUCKCTIVET None	((TIZEN OF WHAT
- }-		Truckdriver None	Queen Anne Co.	USA
	13.			
ŀ	10	Linwood Single WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	Anna Sullivan	1 01
- 1	(Yes	s no or inknown) (If we give wor or dotes of service)	5 Jun Cinal In Fort	ent Stree
ŀ	Т	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	illiam Single, Jr. Easton.	Laryland I INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY	Els .	ONSET AND DEATH
		1992 IMMEDIATE CAUSE (o)		<u> </u>
- 1		Conditions, if any, which gave) (b)		
		rise to Immediate couse (a), Stating the underlying couse DUE TD		
	ı	(c)		
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	206 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of term 1B.)	
- 1	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLA		unty) (Stote)
	Ä	Hour o.m. While of work of work	tory, street, office bldg., etc.)	
	Ì	21 I certify that (1) (this hospital) attended the deceased fram_	July , 1967, to 27 De 19,	47, that (I) (we) las
		21 I certify that (1) (this hospital) attended the deceased fram—saw the deceased alive an	it death accurred at // A M, fram causes and on t	he date stated above
		220 SIGNATURE	ATTENDING MED STAFF 22b. D	ATE S GNED
		22c PHYSICIAN'S M	D. PHYS. DIRECTOR PHYS. 1	2-29-67
i		NAMF (Type) Stephen P. Carney M.	D. Easton, Maryland 12	/29/67
7	230.	BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR Carmicheal	(REMATORY 23d LOCATION (City or Town) Carmicheal, Que	(County) (Stote)
	24.		Streetso REC'D BY REGISTRAR 256 REGISTRARS	GNATURE
		16 6 How VI Fraton Man	1000 1000 1000 Man	reas Juoise



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERT	IFIC.	ATF	OF.	DEATH

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·	2,007
PLACE OF DEATH O. COUNTY A A MARYLAND	2. USUAL RESIDENCE (Where deceased rived, if institution: Residence before admission) a STATE Md. b. COUNTY Talbot
b CITY OR TOWN (if ourside carparate limits, write RURAL and give negrest town)	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Easton
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS o IS RESIDENCE ON A FARM?
Memorial Hospital	404 Hollyday Street YES NOT
3. NAME OF DECEASED (Type or print) RAY morecile Le Sie	
S SEX 6. COLOR OR RACE 77. MARRIED NEVER MARRIED DIVORCED DIVORCED	OATE OF BIRTH 10/21/1921 9 AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Manths Doys Hours Min Min
10c JSUAL OCCUPATION (Give kind of work dame during most of working life, even if retired) INDUSTRY U.S. Treasury	11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? VONTA Hampton Manager USA
13. FATHER'S NAME	North Hampton, Mass. USA
Peter John Juppe	Frances Pennec
(Yes, no. or unknown) (If yes give war or dates of service)	INFORMANT · · - Address .
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CA SED BY	la W. Juppe, hol Hollyday St., Easton Md. INTERVAL BETWEEN ONSET AND DEATH 33 months
/ O ∨ X DUE TO	
Conditions, if any, which gave (b)	
stating the underlying cause DUE TO ast. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES \(\bigcap \text{NO} \)
20d ACCIDENT WAS JNDERLYING 200. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 2CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While Noti While fact	(Enter nature of injury in Part I or Part II of item 18.)
p.m. 17 otwork L at wark L	CE OF INJURY (Home, farm, 20f (Crty or tawn) (County) (State) tary, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from sow the deceased olive on	t death occurred of M, from couses and on the date stated above.
220. SIGNATURE Stephen & Carner MI	ATTENDING MED. STAFF 226 DATE SIGNED 12 -18-67
22c PHYSICIANS Stephen P. Carney M.	.D. 22d Angeston, Maryland
230 BUR AL CREMAT ON, REMOVAL (Specify) 12/20/67 Woodlawn Mence	, , , , , ,
24 FUNERAL DIRECTOR ADDRESS	250 RECD BY REGISTRAR 255 REGISTRAR'S SIGNATURE

TO MOSPITAL OR ATTINDING PRYDICIAN: The faw requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled-in-director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers.—shauld be filed with the State Dept. of Health prior to bur all, cremation, or removal, and in any event, within Permin Dept. VR A15 (4) 25M 1/67

Pages 1 and 2 urs after death.



to Funeral director: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death. to Hospital or attending Physician: Th≡ low requires that the death certificate be ≡xecuted within 24 hours offer, Page 4 may be retained by the hospital or attending physicion.

MADVIAND STATE DEPARTMENT OF HEALTH Ħ

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1033	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120
Item 2 taken	from birth contracts of beatte

C	ertificate 12/27/67 k	k CERTIFIC	Alt	OF DEATH		1.7	69.
	PLACE OF DEATH		J		nere deceased lived, if institu		
	COUNTY 14/hot	MARYLA	ND	o. STATE Maryl	and b cou	NTY TE	albot
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C LENGTH OF STAY IN 1	b	c CITY OR TOWN (H outs	ide carporate limits, write RU	RAL and give	neorest town)
	Write RUKAL ONG GIVE Neorest TOWN)	a tro.		Roy	al Oak		201
	1. NAME OF HOSPITAL OR INSTITUTION (If not in)	hospitol, give street address)		d. STREET AODRESS			e. IS RESIDENCE ON A FARM?
	MICHERRICK			Box	523		YES NO
	NAME OF CALL OF First	Middle + -	à	Lost	4 DATE Mor	th	Doy Year
	Type or print) $H-Daby$	Day - 1/1		(25	OF DEATH DEC		19 67
5.	SEX 6. COLOR OR RACE 7 A	MARRIED NEVER MARRIED		DATE OF BIRTH	9 AGE (In years lost birthdoy)	Months 1	YEAR IF UNCER 24 HRS. Ooys Hears Min.
М	ale colored W	TDOWED OIVORCEO		Dec. 10, 19	67 yrs		. 2
	USUAL OCCUPAT ON (Give kind of work done / ng most of working life, even if retired)	10b KINO OF BUSINESS OR INDUSTRY		11 BIRTHPLACE (County &	State, or foreign country)		ZEN OF WHAT NTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	IME		
	James W. Thomas			Catherin	e A. Brummel		
15	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) i(If yes give wor or dates of serv	16 SOCIAL SECURITY NO	17 1	NFORMANT	Addr	ess	_
(n	s, no, or onknown) I(ii yes give wor or dores or serv	ice)	Cat	therine Tho	mas(mother)	Royal	Oak, Md.
	18. CAUSE OF DEATH (Enter only one couse pe	er line for (o), (b), ond (c).)	. 7	1 49)		INTERVAL BETWEEN
	PART 1 DEATH WAS CAUSED BY: MMEDIATE CAUSE (0)	mona	10	erry	•		ONSET ANO DEATH
	DUE TO						
	Conditions, if ony, which gove (b)						
	stating the underlying couse DUE TO						
	(c) _						
MEDICAL CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATE	0 TO TI	HE TERMINAL DISEASE COND	HITION GIVEN IN PART 1(0)		PERFORMEO? YES NO
TIRC	200. ACCIDENT WAS UNDERLYING	20b OFSCRIBE HOW INJURY OCCU	IRRED (Enter nature of injury in Pa	ort I or Port II of Hern 18)		
L CER	OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
200	20c TIME OF INJURY Month, Coy, Yeor Hour o.m.			E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City or town)	(Cour	rty) (State)
墨	p m 19	While Not While of work	10010	ory, street, ottice drug., etc.)	4		
	21. I certify that (1) (this hospitol) attended the deceased fro	ım.	2 - 70 - , 19	2 3 10/2 70	, 19.6	that (I) (we) last
	saw the deceased alive on	19_ <u></u>	d that	death accurred at	3 23 pM, fram causes		
	270 SCHATURE	cercy	M.D	PHYS. LXL_D	NEO. STAFF PHYS. C	22b. DAT	ESIGNED 47
	22c PHYSICIANS AME (Type) Levy V	n Reeser	1	22d. ADDRESS	micke	reli	nie
230	BUR.AL, CREMAT.ON, 23b. DAYE THEREOF	23c NAME OF CEMETER	OR C	CREMATORY	23d LOCATION (City or To	own) (County) (State)
j	REMOVAL (Specify)	11/ Cm	Mr.	. 1 1/ . , .	the Exiting	ilid	
	FUNERAL DIRECTOR	AOORESS	4.100	250. REC'O		EGISTRAR'S SIG	
				DATOEC	2 1 1967	" work)	o Jacobaca

VR A15 (4) 25M 1/67



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
	Item 2 taken from birth certificate 12/27/67 kk	CERTIFICATE	OF DEATH	17.603			
1.	PLACE OF DEATH a COUNTY Albort	MARYLAND	2. USUAL RESIDENCE (Where deceased rived, if institution a. STATE Maryland b. COUNTY	Residence before admission) Talbot			
	b CITY OR TOWN (If autside corporate imits, write BURA, and give nearest trawn)	LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate limits, write RURAL Royal Oak	2001			
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street address)	d. STREET ADDRESS Box 523	e \$ RE\$IDENCE ON A FARM? YES NO			
	NAME OF DECEASED (Type or print) B' - Bully	-Middle	Moccols OF DEATH Dec	10 441			
2	SEX 6 COLOR OR RACE 7 MARRIED Male colored WIDOWED	NEVER MAPRIED 8		FUNDER I YEAR IF UNDER 24 HRS Months Days Hours Min. 1 50			
†Do dui		ND OF BUSINESS OR DUSTRY	11. BIRTHP_ACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	James W. Thomas		14. MOTHER'S MAIDEN NAME Catherine A. Brummel				
1S (Y)	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war ar dates of service)		NFORMANI Address bherine Thomas (mother)	Royal Oak, Md.			
	IB CAUSE OF DEATH (Enter on y one cause per line for PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying couse Jost. (c)	(a), (b), and (c))	rely	ONSET AND DEATH			
NOLL	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES X NO			
MEDICAL CERTIFICATION	20b ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM.NER)	CRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of Item 18.)				
MEDICA	Hour a.m. While p.m. 19 at wark	Not While factor	E OF INJURY (Home, farm, 2Df (C+y ar town) ary, street, affice bldg., etc.)	(Caunty) (State)			
	21. I certify that (I) (this hospital) attend saw the deceased alive on	7) / _ {	death occurred at \(\frac{1}{2} \) from couses an	a on the date stoted obove.			
	224 PHYSICIAN CREATER NAME (Type)	Red M.D	ATTENDING MED DIRECTOR STAFF DIRECTOR PHYS D	22b DATE SIGNED			
230 i	BURIAL, CREMATION, 23b PATE THEREOF REMOVAL (Specify) 10 CENTER 12 10 1	235 NAME OF CEMETRY OR C	REMATORY 23d LOCATION (Cyty or Town)	(County) (State)			
_	4 FUNERAL DIRECTOR	ADDRESS		TRARS SCHATURE			

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 6091 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b COUNT b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 WN (If ourside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) d. STREET ADDRESS IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? NO NAME OF DATE Doy Year DECEASED (Type or print) DEATH IF UNDER 1 YEAR 7. MARRIED AGE (In years **NEVER MARRIED** [ast birthdoy] WIDOWED A 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (County & Store, or foreign country) 12. CITIZEN OF WHAT MOUSTRY QUEEN ANNES during most of warking life, even it retired) stinad School TEAC Rublic Schools 13. FATHER'S NAME 17 INFORMANI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no prunknown) (If yes give wor or dates of service 219.36.7380 IB. CAUSE OF DEATH (Enter only one couse per line for (o) NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove) rise to immediate couse (a). DUE TO stating the underlying cause PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? 3/16 200 ACCIDENT WAS UNDERLYING [1] 20h DESCRIBE INJURY OCCURRED (Enter nature of injury in Port I or Bort II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) Hour 'o.m. foctory, street, office bldg., etc.) 21. I certify that (I) (this hashital) attended the deceased from 19 _, that (I) (we) last , and that death accurred at AB M, from causes and an the date stated above saw the deceased alive on 22o. SIGNATURE DATE SIGNAD ATTENDING PHYS STAFF M.D. DIRECTOR PHYS 22d ADDRES 22c. PHYSICIAN'S NAME (Type) 236 DATE THEREOI 230 BUR AL CREMATION OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote)

The law requires that the death certificate be executed within 24 hours ofter death.

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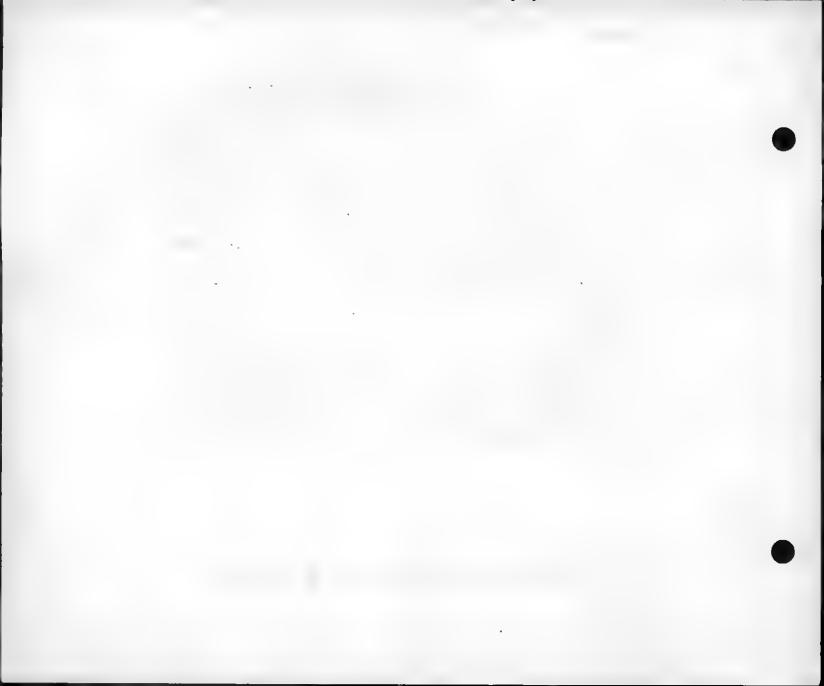
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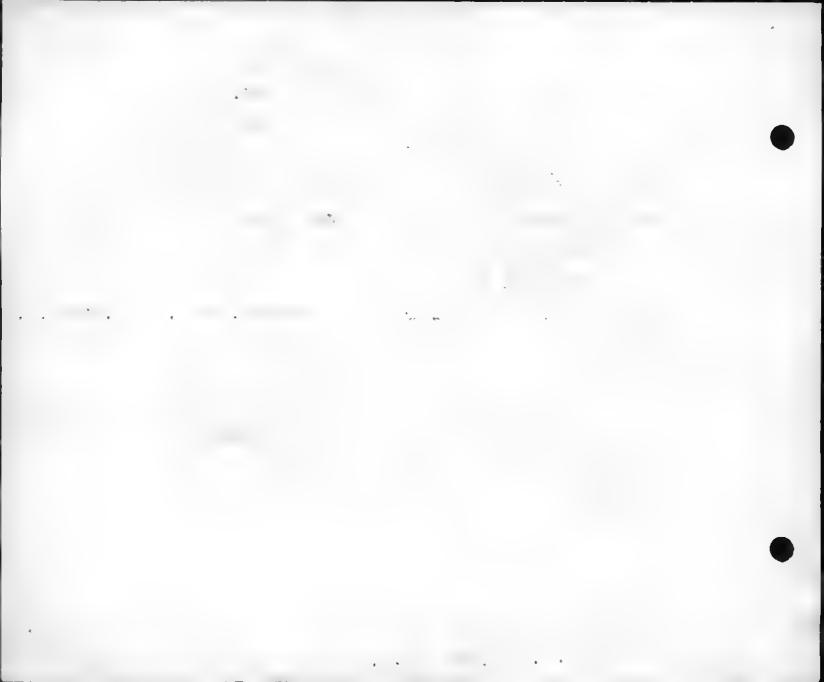
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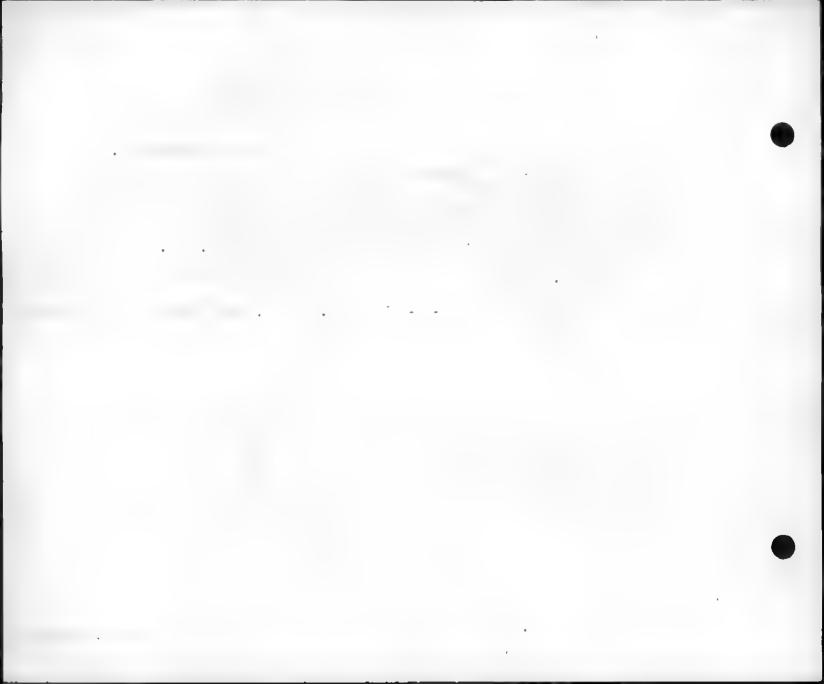
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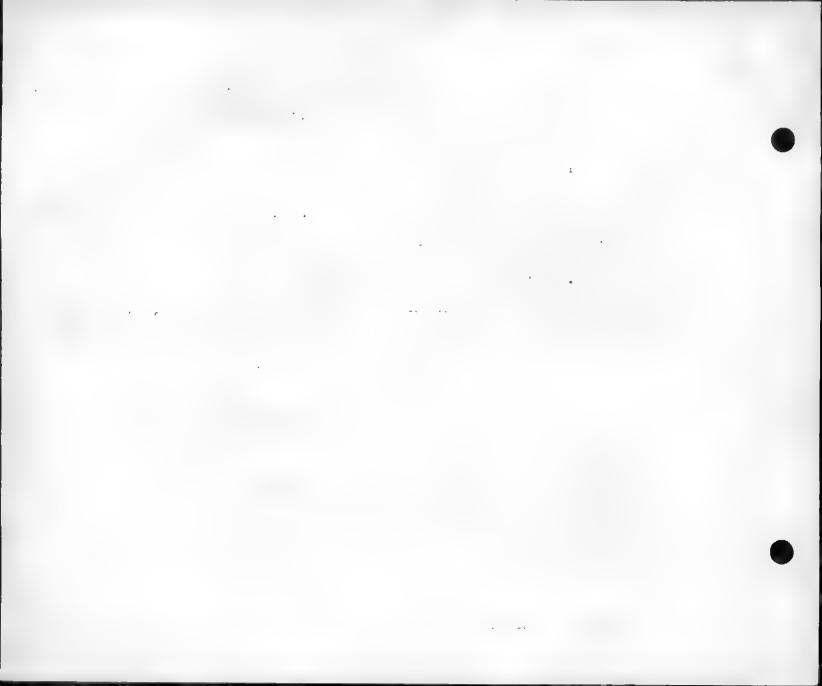
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP. 2 USUAL RESIDENCE (Where deceased lived, functitution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE delay c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 puo 2, c write RURAL and give nearest tow CHESTER d STREET ADDRESS MOSPITAL OR INSTITUTION (f pot n haspital give street address) ON A FARM? be forworded to the Chief Medical Examiner's Office along with form 1814 WEST 3rd STREET YES NO X Item 18. Give Poges DATE Month NAME OF First DECEASED RI the second DEATH (Type or print) AGE (In years S. SEX 7 MARRIED NEVER MARR ED lost birthdoy) Months Doys Hours in ony event within 72 hours offer death. DIVORCED MALE WIDOWED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 100 US_AL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? MARORER MISSISSIPPI LABORER TISA 13. FATHER'S NAME MOTHER'S MAIDEN NAME WILLIAM TYLER ۵ buriol-transit permit F 16 SOCIAL SECURITY NO INFORMANT = IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) GERTREDE TYLER, 1814 W. 3rd ST, CHESTER, PA. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b) and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral Infarction Right IMMEDIATE CAUSE (a) word DUE TO Obstruction rigth Internal Cartoid Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse Aneurism of the arch of the aorta lost. PART II OTHER SIGN F CANTON LLONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND TO THE ART 1(0) 19 WAS AUTOPSY cremation, or removal, the certificate, pe 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter notions of injury of Port or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING 4 should files. CAUSE OF DEATH. MEDICAL 20d 4bJURY OCCURRED 20e PLACE OF INJURY (House form, 20f (City or fown) (County) 20c TIME OF INJURY Month Doy, Year Not While Hour o.m "factory, street, off ce bldg, etc.) FUNERAL DIRECTOR: Poge of work 2) I certify that taak charge of the remains described above, held an Autapsy Inspection . Inquiry . ond in my opinion Health prior to bur ol, Notural couses Accident . Suicide Hamicide Undetermined manner deoth resulted from be retained CH EF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23d LOCAT ON (City or Town) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) 230 BURIAL, CREMATION, HAVEN MEMORIAL 12/18/67 2SO REC D BY REGISTRAR 75b REGISTRAR'S SIGNATURE VR A15ME (5) 1967 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17696 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTHODEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Talbot MARY, AND delay b. CITY OR TOWN (If outside corporate limits t CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 2, c. PM3. write RURAL and give nearest portmi Easton e. IS RES DENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL (if not in hispital give street oddress) + should be forwarded to the Chief Medical Examiner's Office along with form Item 18. Give Pages 1, 15 North Harrison St. NO X Stote 4 DATE NAME OF -Month Doy y ear DECEASED lond 2 with the Peul RG 19 (Type or print) DEATH S SEX 8 DATE OF BIRTH 9 AGE (In years IF UNDER NEVER MARRED K 6. COLOR MARRIED lost bythday) Months Dovs Hours August 17, 1898 Female White event within 72 hours after death. D VORCED WIDOWED 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR COUNTRY? Owner of Continental Antique Shop Dorchester Co., Md. .⊑ pagas in pencil i 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME executed within Sophia LeCompte Daniel J. Vickers buriol-tronsit permit. File 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 446-34-5612 Mrs. Carl R. Deen, Federalsburg, Maryland pending INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Heron Posis ONSET AND DEATH PART DEATH WAS CAUSED BY Coron ary 90 IMMEDIATE CAUSE (o 4201 shou d writing the word DUE TO any Conditions, if ony, which gove (b) rise to immediate couse (a). .≡ DUE TO stoting the underlying couse 0 puo 05 last. used 19. WAS AUTOPSY PERFORMED? cremotion, or removol, PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIF CATION the certificate, NO X pe 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1 of term 18) 3 should PRIMARY CONTRIBUTING ELICAL EXAMINER: files. CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, Farm, (City or town) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. DIRECTOR: Poge Not While for your Poge of work ot work pleose execute Inquiry XI. 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian the funeral director. retoined Natural causes XI. Accident Suicide death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE / FUNERAL pe DEPUTY MED CAL EXAMINER X may Address (Street, city, town or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 100 0 Burial Dec. 18, 1967 East New Market Cemetery **ADDRESS** 24. FUNERAL DIRECTOR VR A15ME 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . . . 94 CERTIFICATE OF DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or attending physicion. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) a. COUNTY a. STATE b. COUNTY Maryland Carolin
c CITY OR TOWN (H autside carparate monts, write RURAL and give nearest lawn) MARYLAND Caroline b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town) Greensboro e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS None YES NO 🔀 4. DATE NAME OF Last Day completely DECEASED OF DEATH 19 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Bash birthday) Manths White Oct.30,1886 Female WIDOWED X DIVORCED and in ony too USJAL OCCUPATION (Give kind of work done dwing most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol. John D. Mackey Ella Russum IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes pa or unknown) (If yes give wor or dates of service) Alice Rash Woodside, Delaware 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause prior to 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20o ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg, etc.) Haur am. at wark L **DIRECTOR:** After 21. I certify that (1) (this hospital) attended the deceased from to______, 19____, that (1) (we) last M, from couses and on the date stated above. 19____, and that death occurred at 7 saw the deceased olive an_____ 22a SIGNATURE 22b. DATE 5 GNED Robert W 22c. PHYS CIAN S NAME (Type) TO FUNERAL director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION (County) 2-22-67 Greensboro Greensboro 24. FUNERAL DIRECTOR



21	It L-	maryland State DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		-23-6 O O O O O O O O O O O O O O O O O O O
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- x 5 / 2 X		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MEMORIAL HOSPITAL d. STREET ADDRESS e. S. RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
after death 11. 3. Give Pages 1. along with farm with the Ktate 1.		NAME OF DECEASED (Type or print) Sohn Sustes Whitieo OF DEATH 12 21 19 67
B	1 %	SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH Months Doys Hours M.n. Months Doys Hours M.n.
24 hours in Item 1 r's Office ss land2 offer deatt	10e dui	S USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
d within 24 in pencil in Examiner's Fife pages 2 hours after	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
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ficate sling the ded ta as a bu		conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost. (b) Teltylellelelelelelelelelelelelelelelelel
fe, s	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS A TOPSY PERFORMED? YES NO
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로 공속 후 등 물	MED CAL	20c TIME OF IN, JRY Month, Doy, Year Hour o.m. Pm. 19 Ph. CCURRED While of work of wo
AL Xec YXec Far f		21. I certify that I took charge of the remains described above, held an Autopsy (I), Inspection (I), Inquiry (I) and in my opinion death resulted fram: Natural causes (I), Accident (I), Suicide (I), Homicide (II), Undetermined manner (II)
eary, please en need director be refained ERAL DIRECT prior to burn to		ACTUAL SIGNATURE ASSISTANT MED CAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAM NER
TO DEPUTY necessary, I the funeral 5 may be i TO FUNERAL	230	NAME (Type) Address (Street, city, town, or county) BURIAL (REMATION, REMOVAL (Specify) Address (Street, city, town, or county) COUNTY (Store) (Store)
VR A15ME (5)	24	FEMOVAL (Specify) Pac 26. 1967 Cinamilado. Com. Guisani ale. " mul FUNERAL DIRECTOR Leviso H local all Enter md Date DEC 28 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

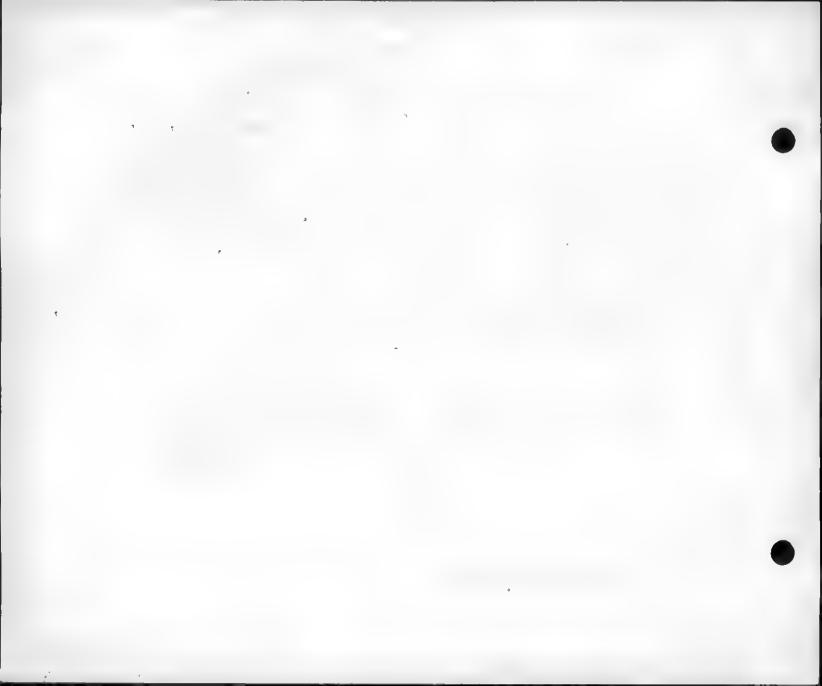
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CERTIFICATE OF DEATH

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	1	PLACE OF DEATH					2. USUAL RESIDENCE (\	Where deci	eased lived, if institut	an Residence	e before adm ss	ion)	
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	C	NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospital,	give street address)		d STREET ADDRESS		9.		e IS RESI		
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	5 5		6. COLOR OR RACE	MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9 AGE (n years	IF UNDER 1	YEAR IF UNDE	R 24 HRS	
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		FATHER'S NAME	011220				14 MOTHER'S MAIDEN						
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		18 CAUSE OF DE	ATH (Enter only one co	use per line for	(o), (b) ond (c))		,			1	INTERVAL BE		
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d-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of minury in Port I or Port II of Hern 18)									YES T	NO A		
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	CERT		CAUSE OF DEATH			V	,		1				
	ਤ		MEDICAL EXAMINER) JRY Manth, Day, Year	20d i	NJURY OCCURRED 20	ne Plat	E OF INJURY (Hame, farm	n. 20f	(City or town)	(Caur	ntvì	(State)	
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		22c PHYSICIAN'S NAME (Type)	Stephen P.	Carne	V)	M. D.	Easton, I	Mamel	and	1/3/6	ig.		
					7								
	23a	REMOVAL (Specify	6	· 100	23' NAME OF CEMETE		14	130	LOCATION (City or To	VII) (Caunty) (State)	
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	24	FUNERAL DIRECTO	R 10 00		CABUREUS A	1 1	2Sa REL	M	" 5" 1000 "	Och	Jan Van	Care.	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page Land 2, shauld be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death
Page 4 may be retained by the hospital or aftending physician VR A15 (4) 25M 1/67

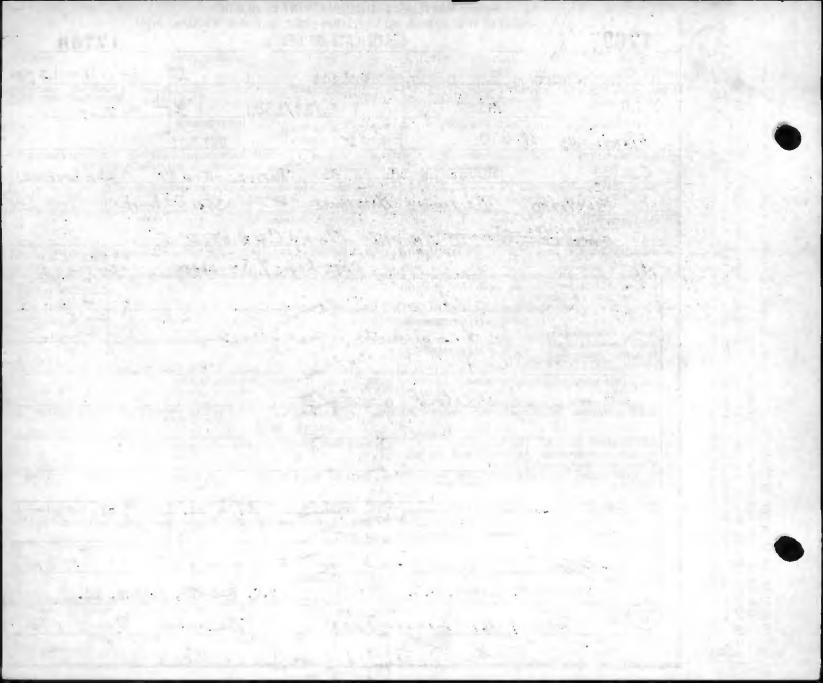


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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22b. SIGNATURE DEGREE ATTENDING DIRECTOR DIRECT			saw the deceases	d alive an 13	did not view the b	and that in (my)	(cer) apinian deat	h accurred an the	date and have o	and fram
22d. PHYSICIAN'S NAME (Type) Stephen P. Carney, M.D. 22e. ADDRESS P.O. Box 929, Easton, Md. 23a BURIAL, REMATION, REMOVA (Specify) DEC 19,1967 ADDRESS 25a, REC'D BY REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE				uve, (i) (vio) (aia) (ald fidity view life t	duy uner deam.		2:	2 DATE SIGNED	
22d. PHYSICIAN'S NAME (Type) Stephen P. Carney, M.D. 22e. ADDRESS P.O. Box 929, Easton, Md. 23o (BURIAL, REMATION, REMOVA! (Specify) P.O. Box 929, Easton, Md. 23d. LOCATION (City or Town) P.O. Box 929, Easton, Md. 23d. LOCATION (City or Town) P.O. Box 929, Easton, Md. 23d. LOCATION (City or Town) P.O. Box 929, Easton, Md. 23d. LOCATION (City or Town) P.O. Box 929, Easton, Md. 23d. LOCATION (City or Town) P.O. Box 929, Easton, Md. 23d. LOCATION (City or Town) P.O. Box 929, Easton, Md. 23d. LOCATION (City or Town) P.O. Box 929, Easton, Md. 23d. LOCATION (City or Town) P.O. Box 929, Easton, Md. 23d. LOCATION (City or Town) P.O. Box 929, Easton, Md. 23d. LOCATION (City or Town) P.O. Box 929, Easton, Md.			Arthur	1-190	2	DEGREE PHYS	MED.	STAFF		-6-
230 BURIAL REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) DEC 19, 1967 LOUDON PARK DALTIMORE BALT, NOD 24. FUNERAL DIRECTOR 25D. REGISTRAR'S SIGNATURE	1		22d. PHYSICIAN'S	us ()	writing	*1113.		- rnis		1
230 BURIAL, REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) DEC 19, 1967 LOUDON PARK 24. FUNERAL DIRECTOR 25D. REGISTRAR'S SIGNATURE ADDRESS 250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	- 1		NAME (Type) Step	hen P. Car	ney, M.D.			929. East	on. Md.	
REMOVAL (Specify) DEC 19, 1967 LOUDON PARK BALTIMORE BALT, NOD 24. FUNERAL DIRECTOR SO ADDRESS 250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	1	230				EMETERY OR CREMATORY				(State)
24. FUNERAL DIRECTOR 250. REGISTRAR'S SIGNATURE	YP	1	REMOVAL (Specify)						The state of the s	
	M	24.		1				25b. REGISTRA	R'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages, shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 has

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

			3 17 19 Oct								
Ī.	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Res	idence before admission)								
-	1albol MARY	ATAND 11200 MAIN	119-KOLDYB								
	b. CITY OR TOWN (If outside corporate limits, write BURAL and give/heorest town) c. LENGTH OF STAY I										
-	Elisten Zwee	100000	e. IS RESIDENCE								
П	d. NAME OF HOSPITAL OR INSTITUTION (If not in hashital, give street address)	d. STREET ADDRESS	ON A FARM?								
2	NAME OF First Middle	Last , 4. DATE Month	VES NO Z								
3	OECEASED (Type or print) Mary Javis	Wreght DEATH 12	8 1967								
S	SEX P 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	O SEPT 24, 189 Z Syrs. Month	hs Doys Hours Min.								
d	00. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & Stole, or foreign country) 12	COUNTRY OF WHAT								
Ī	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
	FRANCIS FORWOOD	TOA HORTON									
(S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or number of service) 16. SOCIAL SECURITY NO.	FLUN WRDGHT DE	NJON, MO								
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	ne Acidosis	INTERVAL BETWEEN ONSET AND DEATH								
	IMMEDIATE CAUSE (o) DIABET	12 1725									
П	Conditions, if ony, which gove) DUE TO Conditions, if ony, which gove) DUE TO Conditions if ony, which gove) DUE TO		YEARS -								
П	rise to immediate cause (a).		,								
	storing the underlying couse DUE TO B TOXEMIA + DIABETTIC GARGRENE, LEFT FOOT 1-ZWKSE										
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)										
LATI	BELLOW-KNEE BYPUTAING	ON, LEFT, 12-5-67	YES NO								
CEPTIFICATION		OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.)									
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While of work of work	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (Stote)								
	21. I certify that (I) (this haspital) attended the deceased	from $11-2.5$, 1967, to $12-8$, 1 and that death accurred at 9.5 M, from causes and a	19 <u>6</u> , that (I) (we) las								
	saw the deceased alive an 22-6 19.67, a	and rnot dearn accurred atm, from couses and al	n the date stated above								
	R17KJHau	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	2711/67								
	22c, PHYSICIANS NAME (Type) John Knud-Hansen	M. D. Easton, Maryl nd	12/11/67								
2	DRILLIABREIN DRILLIGGY VE	NETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (Store)								
	24. FUNERAL DIRECTOR ADDRESS	Lon DEC 15 1967 25b. REGISTRAR	es signature								
1 1	A II ENOUGH IN VIVE IN LIEU										

